01237

MARYLAND 1263

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 14, Fil G178 3-8-55 et

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 9 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Paradise Ave.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 116 Paradise Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	S.	Aims	February	25	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Female	White	Divorced	Feb. 16, 1883	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own home	Boyerstown, Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Dengler	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	Mrs. Florence Jenkins, 116 Paradise Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Degenerative C.V.D.	2 mos
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pernicious Anaemia	20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-10, 1954, to 2-25, 1955, that I last saw the deceased alive on 2-25, 1955, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE James R. Powell (Degree or title) ADDRESS Catonsville DATE SIGNED 2-26

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 28, 1955.	Cedar Hill	Brooklyn, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 28 1955	Victor E. Harry D.	T.W. Singleton,	Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 1 1955
BUREAU V. S.

1264

Item 12, Film 177 2-14-55 et Item 12, Film 177 2-18-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01238 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back of 817 Silver Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex Balto. 21
STREET ADDRESS (If rural, give location) Back of 817 Silver Ave

3. NAME OF DECEASED: (First) Peter (Middle) (Last) Baier
4. DATE OF DEATH (Month) Feby (Day) 3 (Year) 1955.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	2-18-1887 1885	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Refinery Wkr.
10b. KIND OF BUSINESS OR INDUSTRY: Am. Oil Co.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-05-3615
17. INFORMANT & ADDRESS: American Oil Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Malnutrition & Exposure to Cold	
	DUE TO (c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) Feby (Day) 3 (Year) 55 (Hour) 10 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. McCarmine M.D. M. D.
~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☑
~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-55	Mt. Carmel	O'Donnell St. Balto.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/5/55	Edith Harley	Jno. S. Connelly	Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
FEB 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01239

Items 8, 9: f. 1265 3/4/52

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Lochearn X
STREET ADDRESS (If rural give location) 3518 Kelox Road 1

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) M. (Last) Beall

4. DATE OF DEATH: (Month) February (Day) 6, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: October 9, 1883 15-1883
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William F. Beall
14. MOTHER'S MAIDEN NAME: Katherine M. Wehr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Marie K. Cooley 3518 Kelox Road #7

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

482X

IMMEDIATE CAUSE (A) Congestive Heart Failure — one day

ANTECEDENT CAUSE (B) DUE TO Intestinal Grippe — one day

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1955, to 2/6, 1955, that I last saw the deceased alive on 2/6, 1955, and that death occurred at 11:00 A M, from the causes and on the date stated above.

SIGNATURE Edwin H Purnell M. D. ADDRESS 8204 Liberty Rd, Balto 15 DATE SIGNED 2/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 9, 1955	Woodlawn Cemetery	Woodlawn, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-9-55
REGISTRAR'S SIGNATURE R. W. Hedrick Deputy
24. FUNERAL DIRECTOR (Name and Address) Edmund Quinn Ellsworth ELLSWORTH ARMACOST 4600 Liberty Heights

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 1266

01240

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Phoenix — LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Paper Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix X
STREET ADDRESS (If rural, give location) Paper Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Maria (Middle) ~~James~~ Jane (Last) Beale

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: March 15, 1879

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Jordan

14. MOTHER'S MAIDEN NAME: Eliza Saxton ~~Jordan~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Joseph Beale, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Cerebro Vascular accident — Interval between onset and death: 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — 5 yrs

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 1954, to 18 Feb ..., 1955, that I last saw the deceased alive on 17 Feb ..., 1955, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE Thomas A.E. Moseley (Degree or title) ADDRESS Cockeysville Md DATE SIGNED 18 Feb 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 2-21-55 — NAME OF CEMETERY OR CREMATORY St Joseph's — LOCATION (City, town, or county) (State) Texas, Balto Co. Md.

DATE REC'D BY LOCAL REG. Feb. 19, 55 — REGISTRAR'S SIGNATURE M. Elizabeth Gosnell

24. FUNERAL DIRECTOR: Brooks Funeral Service — ADDRESS Sparks Md.

RECEIVED
FEB 23 1955
BUREAU V. S.

01241

MARYLAND 1267

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Pleasant Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills X
STREET ADDRESS (If rural, give location) Pleasant Hill Road 1

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) Lee (Last) Beck

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 31, 1866

9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emanuel Beck

14. MOTHER'S MAIDEN NAME: Georgeanna ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles E. Beck, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X Immediate cause (a) Uremic coma — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic interstitial nephritis — years

(c) Hypertension & arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocarditis - decompensating 1 yr.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION: /

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): /

PLACE (Home, farm, factory, street, office bldg., etc.): /

(CITY OR TOWN) / (COUNTY) / (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): / m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ /

HOW DID INJURY OCCUR? /

22. I hereby certify that I attended the deceased from 1-1-30, 19..., to 2-23-55, 19..., that I last saw the deceased alive on 2-21-55, 19..., and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE James L. Saffell (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 2-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb. 26, 1955 | NAME OF CEMETERY OR CREMATORY: Pleasant Hill | LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG. 2-26-55 | REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
MAR 1 1955
BUREAU V. S.

1268

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01242 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS #11 C. Byway, North

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex 54
STREET ADDRESS (If rural, give location) #11 C. Byway, North 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HAZEL	VIOLA	BEVERAGE	Feb.	15	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug. 10 1918	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		West. Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Summers Scott	Lena Wrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	218-32-7341	Charles Beverage - same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490 ?

Immediate cause (a) Lobar pneumonia right middle and lower lobes — Interval Between Onset and Death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO
(b) Empyema right thorax
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		Partial

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Wright M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Feb. 15, 1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Removal	Feb 16 1955	Indian Draft	Pocahontas Co. W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/15/55	Erica Hussey	A. Christine Bugajinski	1407 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 01243

Item 12 Film C177 2-14-56 ef

CERTIFICATE OF DEATH

1269 Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 520 Edmondson Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt, more, City
STREET ADDRESS (If rural give location) 1446 Light St

3. NAME OF DECEASED: (Type or Print) (First) Adolph (Middle) L. (Last) Bieman

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 1-29-1884 | 9. AGE last birthday 71 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Gglesmgr | 10B. KIND OF BUSINESS OR INDUSTRY: Elec. Appliances | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Adolph Bieman | 14. MOTHER'S MAIDEN NAME: Wilhelmina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO 212-09-0678-A | 17. INFORMANT & ADDRESS: Louis Bieman, Putty Hill Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Cerebro-vasc. Accident — INTERVAL BETWEEN ONSET AND DEATH 1/12/55

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arterioscler. Cardio vasc. Disease DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1 , 19 52 to 2/5 , 19 55, that I last saw the deceased alive on 2/5 , 1955, and that death occurred at 11 A. M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M. D. ADDRESS Spring Grove St. Hospital DATE SIGNED 2/5/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/8/55 | NAME OF CEMETERY OR CREMATORY Meadowridge | LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR 2-9-55 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Cook Inc | ADDRESS 1217 St Paul St.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

01244

1270

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillendale Country Club Blenheim Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 7705 Bayfront Rd.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) ETTA MAE (Last) BIGGS
4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1955

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Dec. 4, 1883
9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeping
10b. KIND OF BUSINESS OR INDUSTRY: Water Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William H. Biggs
14. MOTHER'S MAIDEN NAME: Annabelle Anders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 217-01-4974
17. INFORMANT AND ADDRESS: Miss Helen B. Robertson 5501 Woodcrest Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

42-11
Immediate cause (a) Heart disease, coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Follin L. Hudson M.D., D.M.E. Towson Md 3/1/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/3/55 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 3/1/55 | REGISTRAR'S SIGNATURE: C. A. Hedrich | 24. FUNERAL DIRECTOR: Wm. J. Tribbey & Son | ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01245

1271 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible] 3 Yrs 1 M
STREET ADDRESS (If rural give location) Unknown W. North Ave.

3. NAME OF DECEASED: (First) Sarah (Middle) Katherine (Last) Billmire
4. DATE OF DEATH: (Month) February (Day) 21 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Single	1-22-1870	84 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Henry Billmire
14. MOTHER'S MAIDEN NAME: Elizabeth Stewart West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Rosanda Spring Grove State H[illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443X (A) [illegible]

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (B) Senility

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 3 P M, from the causes and on the date stated above.

SIGNATURE Benjamin Blackman M.D. ADDRESS Catonsville 28, Md. DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 26, 1955	Druid Ridge	Pikesville, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR Feb 25, 1955 | REGISTRAR'S SIGNATURE A. C. Hudnut | 24. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01246

1248

Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 53 DUNDALK
LENGTH OF STAY (in this place): 15 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 20 2903 YORKWAY

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK 53
STREET ADDRESS (If rural give location): 2903 YORKWAY 1

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) M. (Last) BLACKFORD

4. DATE OF DEATH: (Month) FEB (Day) 25 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB 6 1889

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN MONTGOMERY

14. MOTHER'S MAIDEN NAME: MC CLINTIC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: ALLAN S. BLACKFORD 2903 YORKWAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of gall-bladder — Interval Between Onset And Death: 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of gall-bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to Feb 25, 1955, that I last saw the deceased alive on Feb 22, 1955 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. Jacob Jr. M.D. — ADDRESS: M. D. 2900 Dundalk Rd. — DATE SIGNED: 2-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION — DATE THEREOF: FEB 28 1955 — NAME OF CEMETERY OR CREMATORY: GREEN MOUNT — LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REGISTRAR: Feb 26 1955 — REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME — ADDRESS: 212 DUNDALK

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01247

1272 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LUTHERVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9) COLLEGE MANOR CONV. HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTNUT RIDGE X
STREET ADDRESS (If rural give location) BROADWAY ROAD 1

3. NAME OF DECEASED: (Type or Print) (First) EUGENE (Middle) CORNELIUS (Last) BOBLITS

4. DATE OF DEATH: (Month) FEB. (Day) 27, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: AUG. 14, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): RETIRED - FARDNER

10B. KIND OF BUSINESS OR INDUSTRY: PVT. ESTATE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CORNELIUS BOBLITS

14. MOTHER'S MAIDEN NAME: ANNIE GILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis, multiple — few yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Cerebral arterio sclerosis — yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from , 19 , to 2/24 , 1955 that I last saw the deceased alive on 2/24/55, 19 . . , and that death occurred at 10:10 A.M., from the causes and on the date stated above.

SIGNATURE Ernest C. Brown Jr. M.D. ADDRESS 1101 N. Calvert DATE SIGNED Feb 28

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF MAR. 2, 1955 NAME OF CEMETERY OR CREMATORY CARROLL'S CEMETERY LOCATION (City, town, or county) CHESTNUT RIDGE, BALTO CO., MD. (State)

DATE REC'D BY LOCAL REGISTRAR 3 March 1955 REGISTRAR'S SIGNATURE Anne Armistead MacRae

24. FUNERAL DIRECTOR John Bosse' Sons ADDRESS Towson, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01248

1273 CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Maryland Line
LENGTH OF STAY (in this place) 87 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Line X
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (First) Mary (Middle) L. (Last) Bond.

4. DATE OF DEATH: (Month) February (Day) 10, (Year) 1955.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: April 15 1867 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressmaker | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home. | 11. BIRTHPLACE (State or foreign country): Maryland Line, Md | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George E. Bond. | 14. MOTHER'S MAIDEN NAME: Susan A. Gilbert.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Laurence Bond. - New Freedom, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardio-vascular-renal disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10 ....., 19 55, to 2/10/55, 19 .. , that I last saw the deceased alive on 2/9/55, 19 .... , and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE E. M. France M. D. ADDRESS Parkton Md. DATE SIGNED 2/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Febr. 12 1955 | NAME OF CEMETERY OR CREMATORY Maryland Line Cem. | LOCATION (City, town, or county) (State) Maryland Line, Md.

DATE REC'D BY LOCAL REGISTRAR 2/12/55 | REGISTRAR'S SIGNATURE Chester I. Fenton | 24. FUNERAL DIRECTOR Jacob Hartenstein | ADDRESS New Freedom, Pa.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01249

Item 12, Film 179 4-5-55 et

1255 CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARBUTUS
LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1252 MAPLE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural give location) 1252 MAPLE AVE.

3. NAME OF DECEASED: (Type or Print) (First) FRIEDA (Middle) B. (Last) BONICKER

4. DATE OF DEATH: (Month) FEB. (Day) 6 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: JUN. 3, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10B. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: AUGUST DORSCH

14. MOTHER'S MAIDEN NAME. UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MR. JOHN C. BONICKER, 1252 MAPLE AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma Left Lung DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH 4 YRS Oct 2, 1945 June 1941

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 1942

19B. MAJOR FINDINGS OF OPERATION Carcinoma Left Breast - Univ. Hospital

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1945 to Feb 6, 1955 that I last saw the deceased alive on Feb 6, 1955, and that death occurred at 10 P M, from the causes and on the date stated above.

SIGNATURE Carl R Roesling M. D. ADDRESS 1326 W Lombard St DATE SIGNED Feb 7. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF FEB. 9/55

NAME OF CEMETERY OR CREMATORY LOUDON PARK

LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 2/9/55

REGISTRAR'S SIGNATURE G. N. Hudnick

24. FUNERAL DIRECTOR Harry H. Witzke ADDRESS 4101 EDMONDSON AVE

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

01250

1274

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Eastern Ave. Box 120, Rt. 15, Balto. 20, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) Old Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ANNA (Last) BORGER

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Apr. 25, 1873

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Helen M. Foltz - daughter, above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4438
Immediate cause (a) Hypertensive Cardio-Vascular

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Disease — (8-10 yrs)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 15, 1955 | NAME OF CEMETERY OR CREMATORY: Trinity Evang. Luth. Cem. | LOCATION (City, town, or county) (State): Harford County, Md.

DATE REC'D BY LOCAL REG. 2-14-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1275

CERTIFICATE OF DEATH

01251

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (In this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY HOWARD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARIOTTSVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) A (Last) BOWEN

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 3-25-1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 5 Days 29 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GILBERT E. FLOWER

14. MOTHER'S MAIDEN NAME: MARY SHIPLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: HUSBAND WEST FRIENDSHIP, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebro vasoular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arterio sclerotic cardiovascular DUE TO

(C) disease with heart failure

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2-, 1949 to 2-26, 1955 that I last saw the deceased alive on 2-26-, 19 55 and that death occurred at 1:15 A M, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

Harold E. Edwards M.D. M.D. Spring Grove State Hosp. 2-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-1-55

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) (State) Howard Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2/26/55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01252

1276 CERTIFICATE OF DEATH Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 55 TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 W. CHESAPEAKE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIDERWOOD X
STREET ADDRESS (If rural give location) 677 W. JOPPA RD 1

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) A. (Last) BOYD

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 25, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THEODORE BOYD

14. MOTHER'S MAIDEN NAME: CATHERINE HEINES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-01-5605

17. INFORMANT & ADDRESS: J. HOWARD BOYD 520 ROSSITER AVE. BALTO.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset And Death 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocardial Degeneration
DUE TO (c) Generalized Arteriosclerosis & Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1955 to 2-7, 1955, that I last saw the deceased alive on 2-6, 1955, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. Crandell M.D. ADDRESS 750 York Rd DATE SIGNED 2/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 2-5-1955 NAME OF CEMETERY OR CREMATORY MOUNT MARIA LOCATION (City, town, or county) TOWSON (State) MD.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS H.W. JENKINS & SONS CO 4905 YORK RD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01253

1277 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore - Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8305 Harford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md COUNTY Baltimore Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore - Parkville
STREET ADDRESS (If rural give location) 8305 Harford Ave

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) BRENDEL

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1955

5. SEX F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Jan. 31 - 1867 | 9. AGE last birthday 88 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Herold | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs. Nicholas Brendel - 8305 Harford

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.1
IMMEDIATE CAUSE (A) Cerebral hemorrhage — 3 days
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic CVD — —
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1955, to 2/18, 1955, that I last saw the deceased alive on 2/18, 1955, and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE Harold a. Graff M. D. ADDRESS 8700 Harford Rd DATE SIGNED 3/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-22-55 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-21-55 | REGISTRAR'S SIGNATURE a w Hedrick | 24. FUNERAL DIRECTOR Leonard J. Ruck | ADDRESS 5305 Harford

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. GROTT
8100

01254

MARYLAND STATE DEPARTMENT OF HEALTH

1278 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Lorelei Md. Lo to MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lorelei | LENGTH OF STAY (In this place) 58 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lorelei Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Lo to
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lorelei
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) (Last) Rooks
4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 11-4-1893 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Prince Edward Co. Va. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Jackson | 14. MOTHER'S MAIDEN NAME: Margaret Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT AND ADDRESS: Lydia Lee Jopp, Md. R-2 Box 642

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2-16-1955 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery | LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

DATE REC'D BY LOCAL REG. 2-16-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Randolph J. Collick | ADDRESS: 1412 E. Preston St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

01255

1279

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 40 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201½ Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 201½ Maryland Ave

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) B (Last) Bryan

4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 4 1892

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: OWN. Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jos. Keller

14. MOTHER'S MAIDEN NAME: Barbara Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mr Edmund T Bryan 201½ Md Ave Md Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 7 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular disease — 8 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 2-23, 1955, that I last saw the deceased alive on Jan 20, 1955, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE L L Gordy M D (Degree or title) — ADDRESS 5106 Harford Rd — DATE SIGNED 2-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-26-55 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. 2-26-55 — REGISTRAR'S SIGNATURE A W Friedrich

24. FUNERAL DIRECTOR — ADDRESS: Lasagna Funeral Home 2406 Belair Rd

C.R. by Dr R. C. Hudson D. M. E. Towson Md L.L. Gordy, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01256

1280 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V.S. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Mary (Middle) Elizabeth (Last) Burk
4. DATE OF DEATH: (Month) (Day) (Year) 7 - 23 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow
8. DATE OF BIRTH: May 7, 1879
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Chas. E. Dyton
14. MOTHER'S MAIDEN NAME: Catherine Mcenna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Norman Stiffler, Cockeysville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage Lt. — INTERVAL BETWEEN ONSET AND DEATH 2-22-55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — ?

DUE TO (C) Acute Uremia — 2-22-55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Glomerulonephritis — 2-22-55

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1954 to 2-23, 1955 that I last saw the deceased alive on 2-23-1955, and that death occurred at 10:40 P M, from the causes and on the date stated above.

SIGNATURE Robert H. Oliver
M. D. ADDRESS 3105 N. Charles St.
DATE SIGNED 2-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF 1-26-55
NAME OF CEMETERY OR CREMATORY St. John's Lutheran
LOCATION (City, town, or county) Phoenix, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 25 Feb 1955
REGISTRAR'S SIGNATURE Anna Armistead MacRae
24. FUNERAL DIRECTOR Brooks Funeral Service, Hydes, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1281 CERTIFICATE OF DEATH

Reg. Dist. No. 01257

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 17 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore (Towson 4)
STREET ADDRESS (If rural give location) 409 Fairmount Avenue

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) T. (Last) CAMPBELL

4. DATE OF DEATH: (Month) February (Day) 7, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: February 16, 1923

9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 31 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY: Contractors

11. BIRTHPLACE (State or foreign country): Texas, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert D. Campbell

14. MOTHER'S MAIDEN NAME: Anita MN: Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 214-12-8720

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

35 1/X

IMMEDIATE CAUSE (A) POSTOPERATIVE HEMORRHAGE INTO SYRINGO-MYELIA LESION OF CERVICAL CORD AND MEDULLA — 3 DAYS

ANTECEDENT CAUSE (B) DUE TO SYRINGOMYELIA — 18 MO.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION 2-4-55 2-5-55

19B. MAJOR FINDINGS OF OPERATION Cervical Laminectomy Tracheostomy

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Jan.21, 1955, to Feb. 7, 1955, and that death occurred at 1:50AM, from the causes and on the date stated above.

SIGNATURE William B. VandeGrift, M. D. M. D.

ADDRESS VAH, Fort Howard, Maryland

DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/10/55

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 2-8-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR William I. Chatman,Jr. Funeral Home

ADDRESS 1701 McCulloh Street, Baltimore, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01258

1282 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard

LENGTH OF STAY (in this place) 39 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

C.TY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31 .4

STREET ADDRESS (If rural give location) 1729 N. Appleton Street

3. NAME OF DECEASED. (Type or Print) (First) PERCY (Middle) D. (Last) CARTER

4. DATE OF DEATH (Month) (Day) (Year) February 6, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	9/9/96	58 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Construction Co.	Buckingham Co., Virginia	U. S. A.

13. FATHER'S NAME: John Carter

14. MOTHER'S MAIDEN NAME: Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes	WW I	088-10-0280	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) LYMPHATIC LEUKEMIA	1 YEAR
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) AMYOTROPHIC LATERAL SCLEROSIS	UNKNOWN
DUE TO		
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
VA M.		

22. I hereby certify that I attended the deceased from Dec. 29, , 1954, to Feb. 6, , 1955, that I last saw the deceased alive on [illegible] and that death occurred at 3:55 A. M, from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS DATE SIGNED

IRVING FREEMAN, M. D. M. D. VAH, FORT HOWARD, MARYLAND 2/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-9-55	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
		Charles R. Law Funeral Home 802 Madison Avenue, Balto., Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

01259

MARYLAND — STATE DEPARTMETT OF HEALTH

1283 CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: BALTO. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSUILLE — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5446 WHITLOCK AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. — COUNTY: BALTO. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSUILLE — STREET ADDRESS (If rural, give location): 5446 WHITLOCK AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	MARTIN	CLARK	2 -	19	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	SINGLE	NOV. 7, 1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STOCK CLERK	SHIRT CO.	MD.	

13. FATHER'S NAME: WILLIAM T. CLARK

14. MOTHER'S MAIDEN NAME: CATHERINE MACPHILLIPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Joseph Clark - 550 Curtis Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) CARCINOMA OF LUNG — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 19, 1955, to Feb 19, 1955, that I last saw the deceased alive on Feb. 19, 1955, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE: J. C. Howard — (Degree or title) M. D — ADDRESS 325 Fredrick Ave — DATE SIGNED 2/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-22-55	Catholic Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-22-55	V. E. Harry	Farley Funeral Home	Catonsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01260

1284 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52; LENGTH OF STAY (in this place) 56 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Sanford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52; STREET ADDRESS (If rural give location) 117 Sanford Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MINNIE CARLTON COE

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 11, 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) Married 8. DATE OF BIRTH: 9-12-1870 9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own home 11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Bowers 14. MOTHER'S MAIDEN NAME: Mary E. Cawthorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S ADDRESS: Turner P. Coe 117 Sanford Ave. Catonsville-28, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 da

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardio-Vascular Disease — 10 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1949, to 2-11, 1955, that I last saw the deceased alive on 2-11, 1955, and that death occurred at 12.30 P.M, from the causes and on the date stated above.

SIGNATURE M. D. Milton K. Gallagher ADDRESS Catonsville-28, Md. DATE SIGNED 2-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 2-14-55 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 2-13-55 REGISTRAR'S SIGNATURE V. E. Harry 24. FUNERAL DIRECTOR ADDRESS Easton Sons Catonsville, Md.

FEB
V. S.

01261

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1285 CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore.- MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural-White Hall
LENGTH OF STAY (in this place) 70yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Liberty.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Balto.
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Rural-White Hall.
STREET ADDRESS (If rural give location) West Liberty.

3. NAME OF DECEASED: (Type or Print) (First) G. (Middle) Elmer (Last) Cooper.-

4. DATE OF DEATH: (Month) (Day) (Year) February 13, 1955.

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 1, 1874

9. AGE Last birthday: 80 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Freeland, Md.-

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: S. S. Cooper.

14. MOTHER'S MAIDEN NAME: Annie Staniford.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Walter Bay - White Hall, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardio - Vascular Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to Feb 13, 1955, that I last saw the deceased alive on Feb 13, 1955, and that death occurred at 9:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. M. Frauenheim M D Carlton Md 2/15/55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Febr 16 1955 | Bethel Cemetery | Darrettsville, Harf. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2/15/55 | REGISTRAR'S SIGNATURE Charles F. Rieley

24. FUNERAL DIRECTOR ADDRESS Jacob Hartenstein, New Freedom, Pa.

VS. A15

1286

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 01262

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 14

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Sparrows Point. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution) Along mill R.R. track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Dundalk 22 (Graceland Pk)
STREET ADDRESS (If rural, give location) 6717 Railway ave

3. NAME OF DECEASED: (First) (Middle) (Last) Thomas Cymbala
4. DATE OF DEATH (Month) Feby (Day) 16 (Year) 1955.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 26 MAY 1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): PAINTER, INSPECTOR
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR
11. BIRTHPLACE (State or foreign country): PENN
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN CYMBALA
14. MOTHER'S MAIDEN NAME: THEODORA HOLOSCH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) (?)
16. SOCIAL SECURITY NO.: 213-07-6079
17. INFORMANT & ADDRESS: MRS RICH H. CYMBALA 2704 MOORESTOWN Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Complete severance of upper & lower body thro hips. Crushed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) & lower body thro hips. Crushed DUE TO (c) (Run over by freight train)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY R.R. track
21c. (City or town) Sparrows Pt. (County) Balto. (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feby 16-55 10:50 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Run over by train car.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☒
~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 2-19-55
NAME OF CEMETERY OR CREMATORY GRAND VIEW
LOCATION (City, town, or county) (State) ELLE VERNON, PA

DATE REC'D BY LOCAL REG. Feb 17 5 55
REGISTRAR'S SIGNATURE Dawson L. Farber
24. FUNERAL DIRECTOR
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01263

1287

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9130 Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown
STREET ADDRESS (If rural give location) 9130 Liberty Rd.

3. NAME OF DECEASED: (Type or Print) (First) CALVIN (Middle) FORD (Last) DAYHOFF

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Dec. 6, 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist

10B. KIND OF BUSINESS OR INDUSTRY: Electrical Mfg.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Ambrose Dayhoff

14. MOTHER'S MAIDEN NAME: Elsie May Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Wanda E. Wallick-1009 Woodington Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Hypertension Cardiac Vascular Disease
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ., 1954 to 2-2 ., 1955 that I last saw the deceased alive on 2-2 ., 1955 and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE Thos J Abbott M. D. ADDRESS 4509 Liberty Hghts Ave DATE SIGNED 2-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2/5/55
NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem.
LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-3-55
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01264

1288 CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore
COUNTY 2017 Gwynn Oak Ave. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2017 Gwynn Oak Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE 2017 Gwynn Oak, Ave COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 2017 Gwynn Oak Ave

3. NAME OF DECEASED: (First) Charles (Middle) S. (Last) Dettmer

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/10/1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Dettmer

14. MOTHER'S MAIDEN NAME: Louise Dahl

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 216-01-8464

17. INFORMANT & ADDRESS: Mrs Annie Dettmer. NEF Ault

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Thrombosis — Interval Between Onset And Death 9 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio Vascular Disease 6 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1949, to Feb 7, 1955, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 11 45 AM. from the causes and on the date stated above.

SIGNATURE Joshua H. Armacost (Degree or title) MD ADDRESS 6419 Windsor Mill Rd Baltimore Md DATE SIGNED 2/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/10/55

NAME OF CEMETERY OR CREMATORY Woodlawn Cem

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 2/8/55

REGISTRAR'S SIGNATURE Aug. C. Bonsall

24. FUNERAL DIRECTOR Chas P. Towell 6411 Windsor Mill Rd ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1289 — Reg. Dist. No. 01265

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 245 GRALAN RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. — COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MIDDLE RIVER
STREET ADDRESS (If rural give location) BOWLEYS QUARTERS

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) B. (Last) DEW

4. DATE OF DEATH: (Month) FEB. (Day) 16 (Year) 19 55

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED — 8. DATE OF BIRTH: APR. 19 1913 — 9. AGE last birthday: 41 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MUTUAL CLERK
10B. KIND OF BUSINESS OR INDUSTRY: RACE TRACKS
11. BIRTHPLACE (State or foreign country): BALTO. MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES DEW
14. MOTHER'S MAIDEN NAME: JENSINE BERTELSEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-07-5317
17. INFORMANT & ADDRESS: MRS LENORE DEW, BOWLEYS QUARTERS MIDDLE RIVER.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
IMMEDIATE CAUSE (A) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS.
ANTECEDENT CAUSE (S) DUE TO (B) [illegible] — 6 Weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) [illegible]

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: [illegible] — 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.20, 19 55, to 2.16, 19 55, that I last saw the deceased alive on 2.16, 19 55, and that death occurred at [illegible] M, from the causes and on the date stated above.
SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED 2.16.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: FEB. 19/55 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK — LOCATION (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR: 2-18-55 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Harry H. Witzke — ADDRESS: 4101 EDMONDSON AVE.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Item 10 File C177 3 Pages 1290 01266

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Middle River — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martins Plant #1,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY —
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 13 - 3101.4
STREET ADDRESS (If rural, give location) 2412 Llewellyn ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Hilleary (Last) Dietrich
4. DATE OF DEATH (Month) Feby (Day) 2 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	May 20 1920	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S. Martin Plant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael H Dietrich
14. MOTHER'S MAIDEN NAME: Matilda C Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-12-0452
17. INFORMANT & ADDRESS: Kathryn E Dietrich 2412 Llewellyn Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	10 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Rheumatic fever (not active)	12 yrs ago
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feby 2 55 12 30 A.M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Mearmore M.D. M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-55	Oak Ridge Memorial	Belair Rd - Balto Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-3-55	[illegible]	John C. Miller Inc.	2431 E. Oliver St.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01267

1291 CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDERWOOD 4
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7918 ROLDREW AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDERWOOD
STREET ADDRESS (If rural give location) 7918 ROLDREW AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) CARR (Last) PITZEL

4. DATE OF DEATH: (Month) FEB. (Day) 23, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: JULY 18, 1880

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB GILL

14. MOTHER'S MAIDEN NAME: SARAH NAYLOR

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X
Immediate cause (a) Cardio Vascular Renal — Interval Between Onset And Death: 14 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Hemorrhage — Unk
DUE TO (c) Diabetes Mellitus — Unk

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 19 54, to 2/23, 19 55, that I last saw the deceased alive on 2/20, 19 55, and that death occurred at 10:15 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Burnett A. Stoen M.D. ADDRESS Lutherville, Md DATE SIGNED 2/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF FEB. 26, 1955 NAME OF CEMETERY OR CREMATORY SATER'S CEMETERY LOCATION (City, town, or county) LUTHERVILLE, MD. (State)

DATE REC'D BY LOCAL REGISTRAR Feb. 26, 1955 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

VS. A15

FEB 1965
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01268

1292 **CERTIFICATE OF DEATH** Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY BALTO. MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ESSEX

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 321 TOWNSEND RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTO

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX

STREET ADDRESS (If rural, give location) 321 TOWNSEND RD.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LOUIS		DOBIHAL	2	26	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	MAR. 23-1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
PLUMMER	RETIRED	CHECKOSLOVAKIA	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ANTONE DOBIHAL	BARBARA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	212-16-8795	MARIE DOBIHAL SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) arterio-sclerotic heart disease	6 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18/ 19 54, to 2/26/ 19 55, that I last saw the deceased alive on 2/18/ 19 55, and that death occurred at 11 05 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Joseph Mark MD		423 Eastern Ave Essex md	3/1/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	3/2/55	OAK HILL	BALTO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/1/55	C. W. Hedrick	John H. Connelly	Essex md.

1293

01269

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore (10) 2
STREET ADDRESS (If rural, give location) 116 W University Parkway

3. NAME OF DECEASED: (Type or Print) (First) June (Middle) A. (Last) DONELLY

4. DATE OF DEATH (Month) Feb. (Day) 24, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	June 2, 1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME: James Franklin

14. MOTHER'S MAIDEN NAME: Viola Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Records-Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

102.7

Immediate cause (a) ..... Toxemia + Jaundice ..... 1 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ..... due to post operation

DUE TO

(c) Necrosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ..... fracture right hip

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
1-25-53	Pin fixation right femur	Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Hospital	21c. (City or town)	(County)	(State)
		Catonsville	Balto	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan 13 53 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? fell out bed on floor

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo M. Kieffer M.D. 1000 Leadenhall

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Feb 26 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	3/1/55	Hillcrest Burial Park	Cumberland,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/55	[illegible]	Wm. Cook Inc.,	1217 St. Paul Street

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01270

1294 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sparks
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Sparks Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparks
STREET ADDRESS (If rural give location) Sparks Rd.

3. NAME OF DECEASED: (First) ALBERT (Middle) M. (Last) DOTY
4. DATE OF DEATH: (Month) Feb. (Day) 7, (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 7, 1878
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10B. KIND OF BUSINESS OR INDUSTRY: ? unknown
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - unknown Doty
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. R. Carleton Sharretts - Sparks, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) DUE TO Congestive Heart Failure	3-4 days
ANTECEDENT CAUSE (S)	Bilateral - Broncho-pneumonia	" "
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Myocarditis	Gradual
	(C) Hypertension	"
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis Syndrome	"

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ... 1943, to Feb. 8, 1955, that I last saw the deceased alive on Feb. 8, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.
SIGNATURE W. M. Moody M.D. ADDRESS 140 E Park ave DATE SIGNED Feb 9. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2/9/55
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-9-55
REGISTRAR'S SIGNATURE: Lou Hedrick Asst.
24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons
ADDRESS: Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01271

1295 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 House in the Pines Nursing Home, 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore V 1 4
STREET ADDRESS (If rural give location) 2600 Aisquith Street

3. NAME OF DECEASED: (First) ANNIE (Middle) G. (Last) DOWELL

4. DATE OF DEATH: (Month) February (Day) 15, (Year) 19 55

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: July 1883 | 9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier
10B. KIND OF BUSINESS OR INDUSTRY: Carlins Park
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles E. Gontrum
14. MOTHER'S MAIDEN NAME: Mary A. Garing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-07-5119
17. INFORMANT & ADDRESS: William H. Gontrum, 3900 Carlisle Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175X IMMEDIATE CAUSE (A) Carcinoma Ovary & metastases

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes Mellitus DUE TO

260X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1946, to Feb. 15, 1955, that I last saw the deceased alive on Feb. 15, 1955, and that death occurred at 4:15 P M, from the causes and on the date stated above.

SIGNATURE Nathan C. Kreadle M. D. ADDRESS 4215 Park Heights Ave DATE SIGNED 2/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial | DATE THEREOF: 2/18/55 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-16-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Wm Hoot Inc. ADDRESS: 1217 St. Paul Street

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1296

01272

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsonville
LENGTH OF STAY (in this place) City County
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 16 Presting Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) [illegible] (Last) Dresbach

4. DATE OF DEATH (Month) (Day) (Year) 2-11- 1955

5. SEX: Female **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Single **8. DATE OF BIRTH:** 12-10-1869 **9. AGE** Last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unknown **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Maryland **12. CITIZEN OF WHAT COUNTRY?** US

13. FATHER'S NAME: Wilhelm Dresbach **14. MOTHER'S MAIDEN NAME:** Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** Unknown **17. INFORMANT & ADDRESS:** Address Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Infarction Pneumonia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pulmonary Thrombosis

DUE TO

(c) Arteriosclerotic Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. fracture right hip + right wrist

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY Hospital **21c.** (City or town) Catonsville (County) Balto (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 3 1954 M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?** Not known possibly fall both times

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] 1010 Leadenhall M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Feb 18 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 2/22/55 **NAME OF CEMETERY OR CREMATORY** Holy Redeemer Cemetery **LOCATION** (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. 2/24/55 **REGISTRAR'S SIGNATURE** [signature] **24. FUNERAL DIRECTOR** Wm. J. Tickner + Sons **ADDRESS** Baltimore Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01273

1297 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Lincoln Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 7 Lincoln Ave.

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) (Last) DUBALL

4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1955

5. SEX: Female | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: Nov. 1897 | 9. AGE last birthday 57 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Middlesex CO. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jim White
14. MOTHER'S MAIDEN NAME: Miranda Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Stanley White 522 N Gilmor St.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
421.0 IMMEDIATE CAUSE	(A) Mitral Insufficiency	68 days
ANTECEDENT CAUSE (S)	DUE TO Hypertensive Cardiac Disease	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chr Arthritis		?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20-1954 to 2-26-1955 that I last saw the deceased alive on 2-26-1955, and that death occurred at 8.00P M, from the causes and on the date stated above.
SIGNATURE Cyril Maloney M. D. ADDRESS 57 Winterbourne Rd DATE SIGNED 2-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF March 1955 | NAME OF CEMETERY OR CREMATORY Mt. Auburn, Cem. | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 3-1-55 | REGISTRAR'S SIGNATURE Paul Hebert D.M. | 24. FUNERAL DIRECTOR Mrs Katie R Williams | ADDRESS 322 N Schroeder St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01274

1298

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove St. Hosp. Catonsville, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY B a
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater, Md
STREET ADDRESS (If rural give location) Box 208-B Rt 2

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Charles (Last) Durm

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1955

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 11/7/1895
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boatyard owner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Durm
14. MOTHER'S MAIDEN NAME: Nellie Durm, maiden name unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: This Hospital's Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Failure of the heart — INTERVAL BETWEEN ONSET AND DEATH: at least 4 days

ANTECEDENT CAUSE (B) DUE TO Hemiplegia = Stroke — about 2 y. ago

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypertension — unk

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1955, to 2/18, 1955, that I last saw the deceased alive on 2/18, 1955, and that death occurred at 7:35 P.M, from the causes and on the date stated above.
SIGNATURE Bruno Radanskas M.D. ADDRESS Spring Grove St. Hosp. Catonsville Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 2-22-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Brooklyn Md

DATE REC'D BY LOCAL REGISTRAR Feb 21, 1955 | REGISTRAR'S SIGNATURE Victor L. Harry R
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01275

1299

Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Raspburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 FOREST VIEW AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspburg
STREET ADDRESS (If rural give location) 114 Forest View Ave

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) L (Last) Eccleston

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 6 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Eccleston

14. MOTHER'S MAIDEN NAME: Eleanor Slagsman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Pauline Eccleston 114 Forest View

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension - Arteriosclerotic Heart Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death: 20 yr.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1944, to Feb. 6, 1955, that I last saw the deceased alive on Feb. 5, 1955, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Adam G. Lewis, M.D 6232 Belair Rd., Balto, Md Feb. 7, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

BURIAL Feb 9, 1955 PARKWOOD PARKVILLE MD

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

2-7-55 A. L. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS

ULRICH FUNERAL HOME 4210 BELAIR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

01276

MARYLAND STATE DEPARTMENT OF HEALTH

1300 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: BALTIMORE 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS Pt | LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1028 WALDMAN

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE.
STREET ADDRESS (If rural, give location): 1818 W. LOMBARD St.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ADAM. (Last) EICHHORN
4. DATE OF DEATH: (Month) FEB (Day) 10 (Year) 1955
5. SEX: MALE. 6. COLOR OR RACE: WHITE. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 8. DATE OF BIRTH: FEB. 29 /76 9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER. 10b. KIND OF BUSINESS OR INDUSTRY: WATER DEPT. 11. BIRTHPLACE (State or foreign country): MD. 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: ADAM. EICHHORN. 14. MOTHER'S MAIDEN NAME: MARY FELDMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 213-28-5271 17. INFORMANT AND ADDRESS: THERESA KUPFER. ADDRESS 20 mi #1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE. 6 Days.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE Cardio Vascular disease. 12 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1955 to Feb 10, 1955, that I last saw the deceased alive on Feb. 10, 1955, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Hollin. M.D. 6908 North Point Rd Balto 19 2/10/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/14/55 | NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: February 11 1955 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: Wm. Cook, Inc. | ADDRESS: 1217 E. Pratt St

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1301 CERTIFICATE OF DEATH

Reg. Dist. No. 01277

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Fort Howard
LENGTH OF STAY (in this place) 48 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 103 New York Ave.

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) W (Last) ENNIS

4. DATE OF DEATH: (Month) February (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 1/24/88

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Ennis

14. MOTHER'S MAIDEN NAME: Matilda E. Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

B.Q.X

IMMEDIATE CAUSE (A) PULMONARY TUBERCULOSIS FAR ADVANCED ACTIVE — Interval between onset and death: 1 Year

ANTECEDENT CAUSE (B) ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE — Interval between onset and death: 5 Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Jan. 11, 1955, to Feb 28.., 1955, and that death occurred at 8:04A M, from the causes and on the date stated above.

SIGNATURE J. BARANOWSKI, M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 2/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-4-55 — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR March 3 55 — REGISTRAR'S SIGNATURE Dawson L. Barber

24. FUNERAL DIRECTOR ADDRESS George L. Schwab Funeral Home 2101 Frederick Ave. Baltimore, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MAR 7
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01278

1302

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-White Hall
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Liberty.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-White Hall. X
STREET ADDRESS (If rural give location) West Liberty.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) D. (Last) Ensor.

4. DATE OF DEATH: (Month) (Day) (Year) February 24, 1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Male	White	Married	June 20, 1873	81 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Parkton, Md.	U. S. A.

13. FATHER'S NAME: Noah Ensor

14. MOTHER'S MAIDEN NAME: Anna Foust

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs. Lueenie M. Ensor. White Hall, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Occlusion	10 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteri-Sclerosis	20 yrs.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-, 1955, to 2-24-, 1955, that I last saw the deceased alive on 2-24, 1955, and that death occurred at 12:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Willard Fulton M.D.	Stewartstown Pa	2-26-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Febr. 28 1955	Wiseburg Cemetery	Whitehall, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/55	Edwin T. Fuller	J. Jacob Hershenstein	New Freedom, Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1)1279

1303 **CERTIFICATE OF DEATH** Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Douglas Home 95

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 5
STREET ADDRESS 5912 Old Frederick Rd (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) (Last) ESTEP
4. DATE OF DEATH: (Month) Feb. (Day) 1, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Widow	Jan. 6 1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alex Rawlings
14. MOTHER'S MAIDEN NAME: Jennie Sterling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT'S NAME & ADDRESS: Mrs. Edyth Rawlings 129 Pierce St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 168 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Astero-sclerotic Heart Disease — P
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chr. Bronchitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8 19 54 to Feb 1st 19 55, that I last saw the deceased alive on Feb 1, 19 55, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
E.F. Maloney M.D. 57 Winterbourne - Catonsville 2-1-55

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF Feb. 4, 1955 — NAME OF CEMETERY OR CREMATORY Mt. Auburn — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 2-3-55 — REGISTRAR'S SIGNATURE A W Hedrick — 24. FUNERAL DIRECTOR (Address) Edelen Funeral Home 1631 Druid Hill Ave.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01280

1304 CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5618 Jamestown Rd.

3. NAME OF DECEASED: (Type or Print) (First) Patricia (Middle) Colleen (Last) Evans

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 6/19/48

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): 6/19/48-Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Francis Evans

14. MOTHER'S MAIDEN NAME: Catherine Whelan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Rosewood Records, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 490X (a) Acute Bilateral Bronchopneumonia DUE TO — Interval Between Onset And Death: 1 or 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculous meningitis — Signs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Adm. ,19 , to Death , 19 , that I last saw the deceased alive on Feb. 7 , 1955 , and that death occurred at 2:35 a.m. , from the causes and on the date stated above.

SIGNATURE J. G. Bunker (Degree or title) M.D. ADDRESS Owings Mills, Md DATE SIGNED 2/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Feb. 9, 1955 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 7, 1955 REGISTRAR'S SIGNATURE Dorothy A. Tyrrell

24. FUNERAL DIRECTOR R. A. Hastings ADDRESS 131 11th St S.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01281

1305 CERTIFICATE OF DEATH

Reg. Dist. No. ... ..

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
MARYLAND
LENGTH OF STAY (in this place) 205 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural give location) 1526 Rita Road

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Joan (Last) Fernandez (OKONSKI)

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 2/16/26

9. AGE last birthday 29 yrs. IF UNDER 1 YEAR Months 0 Days 9 IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Key punchor Army Air Force

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United State

13. FATHER'S NAME: Anthony Okonski

14. MOTHER'S MAIDEN NAME: Lillian Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Dundalk 22, Md. Dorothy Fernandez, 1526 Rita Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Embolism, Pulmonary, following operation — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Pulmonary Tuberculosis, Mod. Adv. — 8 months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2/11/55

19B. MAJOR FINDINGS OF OPERATION: Pulmonary Tuberculosis

20. AUTOPSY? XXXXX NO X

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4/54, 19..., to 2/25, 19 55, that I last saw the deceased alive on 2/25, 19 55, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

SIGNATURE William Newman M.D. ADDRESS Mt. Wilson, Maryland DATE SIGNED 2/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF March/55 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR 3/1/55 — REGISTRAR'S SIGNATURE [illegible] Deputy

24. FUNERAL DIRECTOR Fred W Ozaguski — ADDRESS 1930 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01282

1306

CERTIFICATE OF DEATH

Reg. Dist. No. 37

Item 2, Filed 3-7-55 et

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville Md
LENGTH OF STAY (in this place) 22 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore
STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hunts Addition Rd Cockeysville
STREET ADDRESS (If rural give location) 326 Larimer Rd

3. NAME OF DECEASED: (First) Harry (Middle) Washington (Last) Fielding
4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Mar 2 1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 11 Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt.
10B. KIND OF BUSINESS OR INDUSTRY: Rose Hill Cemetary
11. BIRTHPLACE (State or foreign country): Williamsburg Brooklyn NY
12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME: John Fielding
14. MOTHER'S MAIDEN NAME: Annie Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-30-0586A
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion & Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 7 4 Feb 55

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO ASCVD — Over 2 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 April, 1953, to 25 Feb., 1955, that I last saw the deceased alive on 24 Feb, 1955, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE Walter T. Lees M. D.
ADDRESS Cockeysville
DATE SIGNED 25 Feb 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 2/26/55
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Cumberland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Laura M. Schroeder
24. FUNERAL DIRECTOR William Cook
ADDRESS St Paul & Preston

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01283

1307

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3300 E. Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) Joshua (Middle) P. (Last) Fitze

4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: MAY 30, 1863 Unascertainable | 9. AGE last birthday: 91 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UnKnown
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MAY 30, 1863 UnKnown Md.
12. CITIZEN OF WHAT COUNTRY? UnKnown

13. FATHER'S NAME: UnKnown.
14. MOTHER'S MAIDEN NAME: UnKnown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UnKnown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. UnKnown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 WK.

ANTECEDENT CAUSE (6)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Congestive Heart Failure — UnKnown Years.
DUE TO (C) Hypertensive Cardiovascular Dis — Years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis — UnKnown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/55, 19 ., to 2/3, 1955, that I last saw the deceased alive on 2/3 ..., 1955, and that death occurred at 6 45 P M, from the causes and on the date stated above.
SIGNATURE Frederick C. Phelps M. D. ADDRESS Spring Grove Hosp. DATE SIGNED 2/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF FEB 5. 1955
NAME OF CEMETERY OR CREMATORY DRUID RIDGE
LOCATION (City, town, or county) (State) PIKESVILLE MD

DATE REC'D BY LOCAL REGISTRAR 2-4-55
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME ADDRESS 4210 BELAIR.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01284

1308

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Edmondson Ridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
STREET ADDRESS (If rural give location) 17 Edmondson Ridge Rd.

3. NAME OF DECEASED: (First) Joseph (Middle) Michael (Last) Foley

4. DATE OF DEATH: (Month) Feb. (Day) 19th (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH: MAY 2, 1872
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY: COPPER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? FOLEY
14. MOTHER'S MAIDEN NAME: ? ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS FRANKLIN J BALL — 17 EDMONDSON RIDGE Rd

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary occlusion	few minutes
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) chronic myocarditis	2 mos.
	DUE TO (C) arteriosclerosis	3 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1st, 1954, to Feb. 19th, 1955, that I last saw the deceased alive on Feb. 18th, 1955, and that death occurred at 1:30 P. M, from the causes and on the date stated above.

SIGNATURE M. J. McDermott M. D. M. D. ADDRESS 524 Stanford Rd. Balto. Md. DATE SIGNED 2/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2/22/55
NAME OF CEMETERY OR CREMATORY St. Francis Cem.
LOCATION (City, town, or county) (State) Abington, Md.

DATE REC'D BY LOCAL REGISTRAR 2-21-55
REGISTRAR'S SIGNATURE A W Hebing
24. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01285

1309 CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Y.
STREET ADDRESS (If rural give location) 2211 W. Rogers Aver ✓

3. NAME OF DECEASED: (Type or Print) (First) RACHAEL (Middle) A. (Last) FOWLER
4. DATE OF DEATH: (Month) FEB. (Day) 25 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 8, 1865
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Stampe
14. MOTHER'S MAIDEN NAME: Margaret -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

584-X
IMMEDIATE CAUSE (A) Acute purulent cholecystitis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic calculus cholecystitis DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic c.v. disease

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17-, 1954, to 2-25-, 1955, that I last saw the deceased alive on 2-25-, 1955, and that death occurred at 5:20 A.M, from the causes and on the date stated above.
SIGNATURE Benjamin Blackman M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 2-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2/28/55
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: February 26 1955
REGISTRAR'S SIGNATURE: R.W. ✓
24. FUNERAL DIRECTOR: Wm. J. Tielens & Sons ADDRESS: Catonsville 28, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01286

CERTIFICATE OF DEATH

1310

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 56 yrs 5 mos 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Unknown
STREET ADDRESS (If rural give location) Unknown ✓

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) M. (Last) Hoff

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 86 Yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vocalist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hosp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Cardiac failure, — Hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Arteriosclerotic heart disease — Years
DUE TO (C) Generalized Arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.25..., 1958, to 2.7..., 1955, that I last saw the deceased alive on 2.6, 1955, and that death occurred at 6 4 M, from the causes and on the date stated above.

SIGNATURE Gertrude C. Hirschmann M.D. ADDRESS Spring Grove DATE SIGNED 2.7.55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 2/11/55
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Baltimore City Md.

DATE REC'D BY LOCAL REGISTRAR 2-10-55
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR Wm H Hemsley ADDRESS 575 W Baltimore St.

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01287

1311 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Balto. 19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point.
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6705 North Point Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ww
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (First) MARGARET. (Middle) ELIZABETH (Last) FOY.
4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1955.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	April 5. 1904.	50 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	own home	Balto. Md.	U.S.a.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Phillips Scheck.	Annie. Nellard.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO		None	Hayden Foy. (Husband).

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute myocardial failure.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardio Vascular disease with Pulmonary oedema.

DUE TO

(c)

Interval Between Onset And Death: (a) Sudden (b) 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/19/51, to Feb. 18, 1955, that I last saw the deceased alive on Feb. 18, 1955, and that death occurred at 7:15 P., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis N. Tollin	M.D.	6908 North Pt. Rd Balto 19.	2/18/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/22/55	Oak Lawn	Baltimore City (Rural)

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-55	C. W. Hedrick	JOHN F. DENNY, INC.	715 Light St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01288

1312 CERTIFICATE OF DEATH

Reg. Dist. No. 3-8

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp. Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 23, Md 3 Yrs +
STREET ADDRESS (If rural give location) 2013 Eagle St.

3. NAME OF DECEASED: (Type or Print) (First) Hermina (Middle) (NMI) (Last) FRANK

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-28-79
9. AGE last birthday 75 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Rodenfelt
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 12-28-1880 (?)
17. INFORMANT & ADDRESS. Joseph Frank 2013 Eagle St. Baltimore 23, Md.

CERTIFICATION APPROVED BY
18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE M.D. 420.1
Chief or Asst. Medical Examiner.
(A) DUE TO Coronary thrombosis (clinically) — minutes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 900.0
(B) DUE TO Arteriosclerotic Cardiovascular Dis — years
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 1. Cerebral arteriosclerosis with psychosis 2. Comminute fracture, rt ankle

19A. DATE OF OPERATION: 12-14-54
19B. MAJOR FINDINGS OF OPERATION: Open reduction and pinning, comminuted fracture right ankle-Franklin Sq Hosp
19. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) home
21C. WHERE DID INJURY OCCUR? (City or town) Balto (County) (State) Md

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-26, 1954 M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Fell down steps

22. I hereby certify that I attended the deceased from 12/30, 1954 to 2/20, 1955, that I last saw the deceased alive on 2/20, 1955 and that death occurred at 7:20 A.M. from the causes and on the date stated above.
SIGNATURE Lindsey D. Campbell
ADDRESS
DATE SIGNED
M.D. Lindsey D. Campbell Spring Grove State Hosp 2/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 2/23/55
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2-21-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. Cook Inc.
ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1313 01289

CERTIFICATE OF DEATH

Reg. Dist. No. ... 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson #4
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stella Maris Hospice Pot Spring Rd., Lulaney Valley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg (formerly of)
STREET ADDRESS (If rural give location) 105 Liberty Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) CECILIA (Last) GARVEY

4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 19 55

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: Jan. 28, 1880
9. AGE last birthday 75 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): registered nurse (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: nursing
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Garvey
14. MOTHER'S MAIDEN NAME: Mary Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Miss Mary C. Garvey - Stella Maris Hospice

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 422.1	(A) Chronic Myocardial Failure	1 yr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	15 yrs
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 53, to Feb. 11., 19 55, that I last saw the deceased alive on Feb. 11., 19 55, and that death occurred at 10 10/14 M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS 7501 York Rd Towson Md DATE SIGNED 2/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2/14/55
NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR FEB 14 1955
REGISTRAR'S SIGNATURE Mabel Legg Williams
24. FUNERAL DIRECTOR Wm. J. Pickens & Sons
ADDRESS Balto 17, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01290

1314 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3
STREET ADDRESS (If rural give location) 4032 Deepwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) K. (Last) GILBERT

4. DATE OF DEATH: (Month) Feb. 28, (Day) (Year) 19 55

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 26, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE WASHINGTON KNELL
14. MOTHER'S MAIDEN NAME: Isabelle Oler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. 239-09-5797
17. INFORMANT & ADDRESS: Mr. Howard L. Gilbert, Jr.-Brookland- ville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 2X
IMMEDIATE CAUSE (A) Multiple cerebral thromboses — INTERVAL BETWEEN ONSET AND DEATH: 7 2 mos

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Sen. arteriosclerosis — 40 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 19 53, to Feb 27, 19 55, that I last saw the deceased alive on Feb 27 ..., 19 55, and that death occurred at 1:30 A M, from the causes and on the date stated above.

SIGNATURE Ernest C Brown M. D. ADDRESS 1101 N. Calvert St DATE SIGNED Mar 2

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3/3/55
NAME OF CEMETERY OR CREMATORY: Green Mount Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 3-3-55
REGISTRAR'S SIGNATURE: W. Hedrick
FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17 Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1315 CERTIFICATE OF DEATH

01291

Reg. Dist. No. ... ...

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 5 yr. 5 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural give location) 12 X

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) M. (Last) Gilbert

4. DATE DEATH: (Month) 2 (Day) 7 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 9-21-1871
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Preston Gilbert
14. MOTHER'S MAIDEN NAME: Molly Goulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO: Unknown
17. INFORMANT'S ADDRESS: Records, Spring Grove State Hosp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

304X IMMEDIATE CAUSE (A) Cachexia & Exhaustion — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 4 mos +

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Senile Brain Disease — DUE TO — 6 years +

(C) Advanced Senility — 6 years +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Mastoid & Encephalocele Hangar 3 mos.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.6, 1949, to 2.7, 1955, that I last saw the deceased alive on [illegible], 1955, and that death occurred at 5:50 AM, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischmann M.D. ADDRESS Spring Grove DATE SIGNED 2.7.55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feby 9/55
NAME OF CEMETERY OR CREMATORY Rock Spring Episcopal
LOCATION (City, town, or county) Forest Hill Harford (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb. 10-1955
REGISTRAR'S SIGNATURE Victor E. Harry
24. FUNERAL DIRECTOR ADDRESS Joseph T. Foster, Bel Air, Md

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1316 CERTIFICATE OF DEATH

01292

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE (19) — LENGTH OF STAY (in this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2550 N. SNYDER AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE 19, Md. X
STREET ADDRESS (If rural give location) 2550 N. SNYDER AVE.

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) VIRGINIA (Last) GILLESPIE

4. DATE OF DEATH: (Month) 2-26- (Day) (Year) 19 55

5. SEX: F — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW — 8. DATE OF BIRTH: 28 JAN. 882 — 9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): W. VA.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ACIE FLESHMAN

14. MOTHER'S MAIDEN NAME: MARY GIBSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: ZENDA CHAPMAN - 2550 N. SNYDER AVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death 60 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive Cardiovascular Dis — 20 yrs —

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14 , 19 55, to 2-26 , 19 55, that I last saw the deceased alive on 2-26 , 19 55, and that death occurred at 10:30 PM, from the causes and on the date stated above.

SIGNATURE Jack R Collins (Degree or title) M. D. ADDRESS 2 Kingsley Rd - Balto 2 DATE SIGNED 2-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 3-2-55 — NAME OF CEMETERY OR CREMATORY CARROLL HILL — LOCATION (City, town, or county) LEWISBURG, GREENBRIER CO. (State) W. Va.

DATE RECD BY LOCAL REGISTRAR Mar 1-55 — REGISTRAR'S SIGNATURE Dawson L. Harbert — 24. FUNERAL DIRECTOR Walter Burke Bradley — ADDRESS Hinton, W. Va.

VS. A15

01293

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1317 CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 42 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 5 1 - 4
STREET ADDRESS (If rural give location) 5107 Oaklawn Road, (Baltimore)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) GORRELL

4. DATE OF DEATH: (Month) (Day) (Year) February 2, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 10, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Gorrell

14. MOTHER'S MAIDEN NAME: Mary MN: Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes V (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CARCINOMA OF PROSTATE — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Dec. 22, 1954, to Feb. 2, 1955, [redacted], and that death occurred at 7:15 AM, from the causes and on the date stated above.

SIGNATURE [redacted] ADDRESS Francis G. Dickey, M.D., Chief, Medical Service D VAH, Fort Howard, Maryland DATE SIGNED 2-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Feb. 5, 1955 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Baltimore County, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2 2 55 — REGISTRAR'S SIGNATURE: [redacted]

24. FUNERAL DIRECTOR ADDRESS: G. Howard Strong Funeral Home, 3207 W. North Avenue, Baltimore 16, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01294

1318 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1411 Bloomsbury Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frederick (Last) Graff

4. DATE OF DEATH: (Month) (Day) (Year) 14 19

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH. Jan 19 1884 | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmaker | 10B. KIND OF BUSINESS OR INDUSTRY: Brush Mfg. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Graff | 14. MOTHER'S MAIDEN NAME: Katherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) None. | 16. SOCIAL SECURITY NO. P | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

IMMEDIATE CAUSE (A) Pneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19 , to [illegible], 19 , that I last saw the deceased alive on [illegible], 19 , and that death occurred at [illegible] M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-17-55	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/14/55	V. E. Harry	George L. Schwab	2101 Frederick Ave.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01295

1319

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gordon avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) Gordon Avenue

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Gertrude (Last) Green
4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 19 55

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Jan 26 1874
9. AGE last birthday 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter Brady
14. MOTHER'S MAIDEN NAME Gertrude Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS William Brady (brother) Gordon Avenue Woodlawn, Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset and Death: 5 yrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterio sclerotic Cardio Vascular Disease — 10 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION No operation
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1941, to Feb 17, 1955, that I last saw the deceased alive on Feb 11, 1955, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Armacost M.D
ADDRESS 6419 Windsor Mill Rd Baltimore 7 Md
DATE SIGNED 2-17-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 2/19/1955
NAME OF CEMETERY OR CREMATORY Oakdale
LOCATION (City, town, or county) Martinsburg W Va (State)

DATE REC'D BY LOCAL REG. 2-17-55
REGISTRAR'S SIGNATURE August E Bonsall
24. FUNERAL DIRECTOR J. P. Engelbrecht
ADDRESS Edmondson Ellicott City Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01296

1320 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTO. CO. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 5 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 NEW BERG AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 5 yrs
STREET ADDRESS (If rural give location) 301 NEW BERG AVE.

3. NAME OF DECEASED: (Type or Print) (First) REUBEN (Middle) FOSTER (Last) GREMPLER

4. DATE OF DEATH: (Month) FEB. (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: APR. 19, 1900

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TRAINMAN

10B. KIND OF BUSINESS OR INDUSTRY: B+O. R.R.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: KARL GREMPLER

14. MOTHER'S MAIDEN NAME: ELLA LYONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MARGARET L. GREMPLER

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1817 IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Anemia severe — 2 months

DUE TO (C) Cancer of urinary bladder — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 11, 1953

19B. MAJOR FINDINGS OF OPERATION: Cancer of Bladder urinary

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Feb. 27, 1955 that I last saw the deceased alive on Feb 24, 1955, and that death occurred at 6:20 P M, from the causes and on the date stated above.

SIGNATURE Clift Gemmill Jr. M. D. ADDRESS 4605 Edmondson Ave DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 3/2/55 — NAME OF CEMETERY OR CREMATORY U.S. NATIONAL — LOCATION (City, town, or county) (State) BALTO. Md

DATE REC'D BY LOCAL REGISTRAR 3/2/55 — REGISTRAR'S SIGNATURE T.E. Harry

24. FUNERAL DIRECTOR ADDRESS MACNABB & SON, CATONSVILLE

RECEIVED
MAR 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01297

1321

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place) 6 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 E. Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 109 E. Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) M (Last) Hall

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1955

5. SEX: F — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH: Sept. 1, 1905 — 9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic — 10b. KIND OF BUSINESS OR INDUSTRY: Private Family — 11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Smith — 14. MOTHER'S MAIDEN NAME: Un Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 571004256

17. INFORMANT AND ADDRESS: Isaac Hall - 109 E. Chesapeake Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

I 34.1 **Immediate cause** (a) Heart disease, acute congestive failure — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clinton G. Hudson M.D., F.A.C.P. Towson Md. 2/26/55

21. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/2/55 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Mar 1 55 Mrs. Hudson Wm. L. Thurman 1701 Maryland Ave Baltimore Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01298

1322 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) 4 yr. 1 [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible] MD 1-4
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Lilly (Middle) M. (Last) Harris

4. DATE OF DEATH: (Month) 2- (Day) 23- (Year) 19 55

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Unknown

9. AGE last birthday [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressmaker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Inknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mecores Sprin[illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) Cardiac failure — 8 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic cardiovascular disease — Yrs.

DUE TO (C) Dehydration — weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility — Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10- , 19[illegible] to 2-23- , 19 55 that I last saw the deceased alive on 2-23- , 19 55, and that death occurred at [illegible] M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M. D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 2/25/55 — NAME OF CEMETERY OR CREMATORY Baltimore — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 2/24/55 — REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS Wm Cook Inc — 1217 St Paul

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01299

CERTIFICATE OF DEATH

1256

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 1734 Magnolia Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
BESSIE	M.	HARRISON	Feb. 18 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	4-30-1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	own home	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Hatfield	Fannie E. Hatfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Ada E. Hunter, 1739 Elm Ave. Balto. 27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X Immediate cause (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Sec to: Primary Malignancy of Ascending Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2-15, 1955, to 2-18, 1955, that I last saw the deceased alive on 2-17, 1955, and that death occurred at 6:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John E. Healy M.D 1305 Jarrettsville. 2/18/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-21-1955	Poplar Springs	Howard Co. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 23 55	[signature]	C. M. Waltz, Winfield, Maryland	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01300

1323 CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore
COUNTY Towson, Ba. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 1 yr. 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1001 St. Paul Street

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Angelica Morison (Last) Henry

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 11, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 2 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest N. Morison

14. MOTHER'S MAIDEN NAME: Priscilla White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sheppard & Enoch Pratt Hospital, Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 371.2

(a) Meningitis (probable pneumococcic) — Interval Between Onset And Death: 5 days Unk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chr. Otitis Media

DUE TO (c) Generalized arteriosclerosis & chronic myocarditis — 1 yr +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 2 yr +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 23, 1953, to Feb 9, 1955, that I last saw the deceased alive on Feb 8, 1955, and that death occurred at 10.40 AM from the causes and on the date stated above.

SIGNATURE W.W. Elgin M.D. (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4, Md. DATE SIGNED 2/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 2-11-1955

NAME OF CEMETERY OR CREMATORY St. Johns

LOCATION (City, town, or county) ELLICOTT CITY (State) MD.

DATE REC'D BY LOCAL REGISTRAR 2/10/55

REGISTRAR'S SIGNATURE A.W. Hedrich JCL

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO.

ADDRESS 4905 YORK RD

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01301

1324

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Elizabeth St. Box 67, Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) Steven (Middle) (Last) Herndon

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 9-25-54

9. AGE last birthday: yrs. 4 — IF UNDER 1 YEAR: Months 4½ Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Easton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Y. Herndon

14. MOTHER'S MAIDEN NAME: Mae Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Rosewood Records, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

752.X

Immediate cause (a) Spontaneous rupture of severe congenital

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) hydrocephaly with collapse of brain

DUE TO

(c) decubital ulcer of skin

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 19.55., to 2/15, 19.55., that I last saw the deceased alive on 2/15, 19.55, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Viola B. Johns M.D. Rosewood, Owings Mills, Md. 2/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF Feb. 16 '55

NAME OF CEMETERY OR CREMATORY Green Mount

LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 2-16-55

REGISTRAR'S SIGNATURE A. W. Hedrick Deputy

24. FUNERAL DIRECTOR ADDRESS Morris E. Newnam & Son Easton, Maryland

R 94 2 24 57

01302

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8, Film 177 2-21-55 et

1325 **CERTIFICATE OF DEATH** Reg. Dist. No. 45

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex (24)
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Essex~~ Baltimore 24
STREET ADDRESS (If rural give location) 7111 East Brook Ave.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Peter (Last) Hess
4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH July 23, 1887
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Bldg.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? Germany
13. FATHER'S NAME: Henry Hess
14. MOTHER'S MAIDEN NAME: Barbara (unk)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No —
16. SOCIAL SECURITY NO. 179-10-2247
17. INFORMANT & ADDRESS: Mary A. Trekler — same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Lung & Metastases to Brain — INTERVAL BETWEEN ONSET AND DEATH 6 mos ?

ANTECEDENT CAUSE (B) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Exhaustion

19A. DATE OF OPERATION: Nov. 1954 ?
19B. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of Lung
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1955, to Feb. 9, 1955 that I last saw the deceased alive on Feb. 8, 1955, and that death occurred at 11 A M, from the causes and on the date stated above.
SIGNATURE Harry B. Smith M. D. ADDRESS 413 Eastern Ave. Balt. 21 DATE SIGNED Feb 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 2-10-55
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 2-11-55
REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR Welty Funeral Service ADDRESS Parkville, Md.

RECE
FEB
EAU V. S

1326

01303 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND Md
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rosedale Balto 21 (LENGTH OF STAY (in this place)) 3 1/2 yrs
HOSPITAL OR INSTITUTION STREET ADDRESS #40 Richters Trailer Camp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mount Airy · 06X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Thomas (Middle) Stinson (Last) Hilton.
4. DATE OF DEATH (Month) Feby (Day) 7 (Year) 1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (write):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar 31/1914	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Chrysler
10b. KIND OF BUSINESS OR INDUSTRY: Car Co.
11. BIRTHPLACE (State or foreign country): Maryland Montgomery Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Garfield Hilton
14. MOTHER'S MAIDEN NAME: Clara Blanch Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II
16. SOCIAL SECURITY No.: 218-10-8477
17. INFORMANT & ADDRESS: Mrs. Annie H. Hilton (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Carbo Vascular Disease	
	(c) DUE TO		

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Feb 2 7 55 1A M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. M. Clarmine M. D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/9/55	Balto Natl Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/11/55	Edith Hurley	Lansdowne Funeral Home 7401 Belair Rd

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01304

1327 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Vic. 4
STREET ADDRESS (If rural give location) [illegible] Edgewood Street

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Hodr
4. DATE OF DEATH: (Month) (Day) (Year) [illegible] 28 19 55

5. SEX: [illegible]
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]
8. DATE OF BIRTH: 1-1-1899
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: FRANK SVABODA
14. MOTHER'S MAIDEN NAME: MARIA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 days

ANTECEDENT CAUSE (B): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerotic c.v. disease — Years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27- , 19 [illegible] to 2-28- , 19 55, that I last saw the deceased alive on 2-28- , 19 55, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE AND TITLE OF M. D. Stella Wachsler — ADDRESS [illegible] Catonsville 28, Maryland — DATE SIGNED 2/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	3-3-55	SACRED HEART CEM.	7401 GERMAN HILL RD., MD.

DATE REC'D BY LOCAL REGISTRAR: 3/2/55
REGISTRAR'S SIGNATURE: A. M. Hedwig
24. FUNERAL DIRECTOR: Charles S. Zeller
ADDRESS: 901 S. CONKLING ST. BALTO., 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01305

1328 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Dutton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 5 Dutton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Edward (Last) Hollomon

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 30, 1877

9. AGE last birthday 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Oil Products

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis M. Hollomon

14. MOTHER'S MAIDEN NAME: Annie Britton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Ethel E. Hollomon

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSE (B) DUE TO Hypertension — L

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic Hypertrophy 1 yr — 7 years

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..... 19 30, to Feb. 12, 1955, that I last saw the deceased alive on Feb. 10 ..... 1955, and that death occurred at 1.45 P M, from the causes and on the date stated above.

SIGNATURE Wm. Ambler Ford M.D. — ADDRESS 6 Dutton Ave. — DATE SIGNED 2/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2/15/55 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 2-14-55 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR — ADDRESS MacNabb & Son

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01306

1329 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 103 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 871 W. Hollins Street

3. NAME OF DECEASED: (First) WILLIAM (Middle) C. (Last) HOMAK (Type or Print)

4. DATE OF DEATH: (Month) (Day) (Year) February 22, 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: 3-24-88 | 9. AGE last birthday: 66 yrs | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silversmith | 10B. KIND OF BUSINESS OR INDUSTRY: S. Kirth & Son | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ignaz Homak | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) WW 1 | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) ADENOCARCINOMA OF STOMACH WITH EXTENSIVE METASTASIS — UNKNOWN

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN

19A. DATE OF OPERATION: 1/25/55 | 19B. MAJOR FINDINGS OF OPERATION: Exploratory Laporatomy- Adenocarconoma Stomach with metastasis | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Dec. 26, 1954, to Feb. 22, 1955, and that death occurred at 2:10 PM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service VAH, Fort Howard, Maryland 2-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb. 25, 1955 | NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-24-55 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS Wm. Cook Blight, Inc. Funeral Home 6009 Harford Road, Baltimore 14, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01307

1330

CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

1. PLACE OF DEATH: BALTIMORE COUNTY MARYLAND STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 CATONSVILLE
LENGTH OF STAY (in this place) 29 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 SPRING GROVE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: MARYLAND STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE EV 1.4
STREET ADDRESS (If rural give location) 504 E. LYNN AVE.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) JOSEPH (Last) HOOK
4. DATE OF DEATH. (Month) FEB. (Day) 24 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED: WIDOWED
8. DATE OF BIRTH: FEB. 5, 1876
9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILER MAKER
10B. KIND OF BUSINESS OR INDUSTRY: COPPERS Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: SAMUEL HOOK
14. MOTHER'S MAIDEN NAME: MARY CONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NONE
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-07-7551
17. INFORMANT & ADDRESS: MRS. MARY TOMPKINS 504 E. LYNN AVE., BALTIMORE, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

+ 70X
IMMEDIATE CAUSE (A) PNEUMONIA, RT. LOWER LOBE — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH
DUE TO
ANTECEDENT CAUSE (B) BACTERIOLOGICAL INFECTION
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (C) TYPE UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . . . 19 . , to . , 19 , that I last saw the deceased alive on . . . . . , 19 . , and that death occurred at 5 50 P. M, from the causes and on the date stated above.
SIGNATURE Benjamin Blackman M. D.
ADDRESS Spring Grove Hosp.
DATE SIGNED 2/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-28-55
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 2-28-55
REGISTRAR'S SIGNATURE H. W. Redgrave Deputy
24. FUNERAL DIRECTOR Fred J. Dole
ADDRESS 1913 W. Balto, St

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01308

1331 CERTIFICATE OF DEATH

Reg. Dist. No. 3d

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stella Maris Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 22 x 2
STREET ADDRESS (If rural give location) 604 Delaware Ave. Glen Burnie

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) D. (Last) HOOVER

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 11, 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Denmead

14. MOTHER'S MAIDEN NAME: Henrietta Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. James B. Lyons, (Atty) 1211 Fidelity

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442X

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 Weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive Arteriosclerotic

(C) Cardio-Renal-Vascular Dis — 15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1954, to Feb. 23, 1955, that I last saw the deceased alive on Feb. 23, 1955., and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS 7501 York Rd DATE SIGNED 2/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb. 26, 1955 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-23-55 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1249

Reg. Dist. No. 01309

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1730 MANOR ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural give location): 1730 MANOR ROAD

3. NAME OF DECEASED: (Type or Print) (First) SUSANNA (Middle) M. (Last) HOPWOOD

4. DATE OF DEATH: (Month) FEB (Day) 15 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 29, 1886

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U-S-A.

13. FATHER'S NAME: WILLIAM H. HIDDEN

14. MOTHER'S MAIDEN NAME: ELIZABETH SCHROEDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: OMER W. HOPWOOD 1730 MANOR RD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 1 year
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1954, to Feb 15, 1955, that I last saw the deceased alive on Feb 14, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ward H. Andrus 2nd — ADDRESS: 33 Dundalk Ave Dundalk Md — DATE SIGNED: Feb 16, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: FEB. 18, 1955 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: ULLRICH FUNERAL HOME DUNDALK 212

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1332

CERTIFICATE OF DEATH

01310

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: X Rural Towson

LENGTH OF STAY (in this place): 1 yr. 3 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Stella Maris, Hospice Towson, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville

STREET ADDRESS (If rural give location): 6113 Northdale Rd. 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) — (Last) Hughes

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Single	Mar. 3 1856	98 yrs.	11	5		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Retired	Carroll Co. Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick Hughes	Honora — — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No —	None	Mrs Lila Hughes 6113 Northdale Rd Catonsville 28 Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — DUE TO — Interval Between Onset And Death: 5 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerosis — DUE TO — 20 yrs

(c)

430.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 1953 to Feb 7, 1955, that I last saw the deceased alive on 2/7, 1955, and that death occurred at 12 06 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles F. O'Donnell MD	7501 York Rd	2/7/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-9-55	St Joseph's	Hyattsville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 8, 1955	C. Gray Tilden Mabel Gray B	Leland W. Haight - Hyattsville, Md.	

VS. A15

Kinder Valley Rd. & Potts Spring Rd.

Ridgeway 7-8772 Mrs Fisher

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01311

1333 **CERTIFICATE OF DEATH** Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Twin River Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Twin River Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Llewellyn (Middle) R. (Last) Ireland

4. DATE OF DEATH: (Month) Feb. (Day) 5th (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Married	May 20—1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stoffeur
10b. KIND OF BUSINESS OR INDUSTRY: Sunthin Brewery
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Katherine Ireland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) CORONARY THROMBOSIS	2 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral Vascular Disease (Thrombo)	1 year
DUE TO		
	(c) HYPERTENSION - ARTERIO SCLEROSIS	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1950, to Feb 5, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Morris A. Jacob M.D. 6010 North Point Rd 2/7/55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF Feb. 9-55
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Eastern Blvd. Balto Md.

DATE REC'D BY LOCAL REG. 2-7-55
REGISTRAR'S SIGNATURE A. E. Hedrick
24. FUNERAL DIRECTOR John G. Connelly
ADDRESS Essex

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1334

Item 7 [illegible] 2-13-55 et

01312
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 113 FAIRBANKS CRTS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. — COUNTY: BALTIMORE
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: RURAL - PUNDALKI
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) JOHN (Middle) IRVING (Last) JR.

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH:

9. AGE last birthday: 39 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: CONTRACTOR

11. BIRTHPLACE (State or foreign country): VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Irving Sr.

14. MOTHER'S MAIDEN NAME: IRENE KEMP.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: WALTER F. IRVING 1115 ENSOR ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gunshot Wound of Chest — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Massive Intra Thoracic Hemorrhage — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE: William Vobach M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED: 2-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — DATE THEREOF 2-9-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): ARRINGTON, VA.

DATE REC'D BY LOCAL REG. 2-14-55 — REGISTRAR'S SIGNATURE: C. L. Hilleit

24. FUNERAL DIRECTOR Joseph G. Lockard Jr. — ADDRESS 1304 N. Central Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01313

Baltimore 1335

CERTIFICATE OF DEATH

Reg. Dist. No. 32

Item 9, Film 6178 3-5-55 et

1. PLACE OF DEATH. COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Wilson
LENGTH OF STAY (in this place) 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7 Md. X
STREET ADDRESS (If rural give location) 8313 Liberty Road

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) VERNON (Last) JACKSON

4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 11-2-1902 | 9. AGE last birthday: 52 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter | 10B. KIND OF BUSINESS OR INDUSTRY: Self-Employed | 11. BIRTHPLACE (State or foreign country): Baltimore Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1919-1924 | 16. SOCIAL SECURITY NO. 212-18-3697 | 17. INFORMANT & ADDRESS: Mrs Anne M Jackson 8313 Liberty Road Baltimore 7

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 0024 (A) Far Advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Appx 25 Years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7/25, 19 5, to 2/27, 19 5, that I last saw the deceased alive on 2-26, 19 5, and that death occurred at 7 a.m. M, from the causes and on the date stated above.

SIGNATURE William Kuramer ADDRESS M.D. Mt. Wilson Maryland DATE SIGNED 2/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3-1-55 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-27-55 | REGISTRAR'S SIGNATURE Dorothy A Newell | 24. FUNERAL DIRECTOR Francis H. Mauro | ADDRESS 6 Pikesville Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01314

1257 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Baltimore Highlands
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2903 Michigan Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands X
STREET ADDRESS (If rural give location) 2903 Michigan Avenue

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) WILLIAM (Last) JACKSON

4. DATE OF DEATH: (Month) February (Day) 1, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: October 17, 1900

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10B. KIND OF BUSINESS OR INDUSTRY: R. & D. Plumbing Co.

11. BIRTHPLACE (State or foreign country): New Haven Connecticut

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alva Jackson

14. MOTHER'S MAIDEN NAME: Etta Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W. W. I

16. SOCIAL SECURITY NO. 218-01-1214

17. INFORMANT & ADDRESS: Rose G. Jackson, 2903 Michigan Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion - DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary Artery Insufficiency - DUE TO — 6 mins.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22, 1955, to 2-1-, 1955, that I last saw the deceased alive on 1-29, 1955 and that death occurred at 9:10 P M, from the causes and on the date stated above.

SIGNATURE Anthony F Carozza M. D. ADDRESS 5217 York Rd DATE SIGNED 2/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 2/4/55 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01315

1336 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 83.5 Kendale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 55
STREET ADDRESS (If rural give location) 8315 Kendale Rd 1

3. NAME OF DECEASED: (Type or Print) (First) (Baby) (Middle) (Last) JERGEN SEN

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 2/1/55 | 9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Balto. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Warren Jergensen | 14. MOTHER'S MAIDEN NAME: Doris May Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Mother - 8315 Kendale Rd # 4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5
IMMEDIATE CAUSE (A) Atelectasis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1955, to 2/1, 1955, that I last saw the deceased alive on 2/1, 1955, and that death occurred at 5:15 A M, from the causes and on the date stated above.
SIGNATURE Irvin Crane ADDRESS M. D. 8523 York Rd Bldg # 4 DATE SIGNED 2/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb 2-55 | NAME OF CEMETERY OR CREMATORY Moreland Pk | LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR 2-2-55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Cook Inc | ADDRESS 1217 St Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1337 **CERTIFICATE OF DEATH**

Reg. Dist. No. 01316

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard, Md.
LENGTH OF STAY (in this place) 5 Hrs 15 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY C
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 32 Washington Street

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) W (Last) JOHNSON JR.

4. DATE OF DEATH: (Month) (Day) (Year) February 28 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 2/12/18

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Camp Parole, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence W Johnson

14. MOTHER'S MAIDEN NAME: Florence Adam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 212 16 2408

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1

IMMEDIATE CAUSE (A) INANITION — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (S) DUE TO LAENNEC'S CIRRHOSIS — 1 Year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from Feb 28, 1955, to Feb 28, 1955, and that death occurred at 8:30PM, from the causes and on the date stated above.

SIGNATURE HOWARD KRAMER, M.D. ADDRESS M.D. VAH, Fort Howard, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 3-5-55 — NAME OF CEMETERY OR CREMATORY Annapolis National — LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR March 2, 1955 — REGISTRAR'S SIGNATURE Dawson A. Parker

24. FUNERAL DIRECTOR ADDRESS William Reese Funeral Home 108 W. Washington St. Annapolis, Md.

RECEIVED
MAR 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01317

1338 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 308 Lixie Drive

3. NAME OF DECEASED: (Type or Print) (First) JENNY (Middle) E. (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 14, 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Mar. 24, 1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR, Months, Days; IF UNDER 24 HRS., Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: -- Pettersson

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Oscar Johnson-308 Dixie Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Broncho Pneumonia, terminal — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocarditis, chronic — unknown

DUE TO (C) Senile changes, advanced with arteriosclerosis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1955, to Feb. 14, 1955, that I last saw the deceased alive on Feb. 13, 1955, and that death occurred at 12° A M, from the causes and on the date stated above.

SIGNATURE Rollin L. Hudson M. D. ADDRESS Towson Md DATE SIGNED Feb. 15, 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2/16/55

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-15-55

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Wm. J. Violanes & Sons

ADDRESS: Balto 17 md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01318

1339 **CERTIFICATE OF DEATH**

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
   COUNTY: BALTIMORE — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
   LENGTH OF STAY (in this place): 21 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND — COUNTY:
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE
   STREET ADDRESS (If rural give location): 1012 W. LAFAYETTE AVE.

3. NAME OF DECEASED: (First) ANTHONY (Middle) S. (Last) JONES

4. DATE OF DEATH: (Month) FEBRUARY (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 8-13-96

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER

10B. KIND OF BUSINESS OR INDUSTRY: BENDIX RADIO

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT ANTHONY

14. MOTHER'S MAIDEN NAME: ELIZABETH BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	6 MONTHS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) CHRONIC GLOMERULONEPHRITIS	6 MONTHS
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JAN. 22, 1955, to FEB. 12, 1955, that I last saw the deceased and that death occurred at 5:10AM, from the causes and on the date stated above.

SIGNATURE: GEORGE LEVIN, M.D. — ADDRESS: M.D. VAH., FT. HOWARD, MD — DATE SIGNED: 2/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 2/15/55 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 2-IX-55 — REGISTRAR'S SIGNATURE: J.W. Hedrick Jr.

24. FUNERAL DIRECTOR: ELROY O. WILSON — ADDRESS: 1000 BRANTLEY AVE BALTO. 17, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01319

1340 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; MARYLAND LENGTH OF STAY (in this place) 4 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DEACEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1718 Eutaw Ave.

3. NAME OF DECEASED: (First) Jessie (Middle) Robinson (Last) Jones

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 23, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Robinson

14. MOTHER'S MAIDEN NAME: Eliza Tuttle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mr. Edward O. Jones, 1718 Eutaw Ave., Balto. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 9 yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — 9 yrs +

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 4 yrs +

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1955, to Feb. 4, 1955, that I last saw the deceased alive on Feb. 4, 1955, and that death occurred at 6:40 PM., from the causes and on the date stated above.

SIGNATURE Joseph W. Luckstone (Degree or title) M.D. ADDRESS Sheppard & Enoch Pratt Hosp. Towson Md. DATE SIGNED 2/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2/8/55; NAME OF CEMETERY OR CREMATORY Greenmount Cem.; LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REGISTRAR February 5 1955; REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR ADDRESS Wm. J. Vickner & Sons Balto. 17, Md.

VS. A15

Item 21 Film G177 3-1-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01320

1341

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 13 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Gambrills
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) A. (Last) KAUFMANN

4. DATE OF DEATH: (Month) February (Day) 10, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 9, 1889

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter and Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Construction work

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Adam Kaufmann

14. MOTHER'S MAIDEN NAME: Mary MN: Guben

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 216-18-5474

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0

IMMEDIATE CAUSE (A) SEVERE BURNS OF THE TRUNK, NECK AND HEAD — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): In home

21C. WHERE DID INJURY OCCUR? (City or town): Gambrills (County): Anne Arundel (State): Maryland

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 26 1955 night A.M. P.M. VA

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? While he slipped, and fell [illegible]

22. I hereby certify that I attended the deceased from Jan. 28, 1955, to Feb. 10, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE: William B. VandeGrift, M. D.

ADDRESS: M. D. VAH, Fort Howard, Maryland

DATE SIGNED: 2-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2-12-55

NAME OF CEMETERY OR CREMATORY: Our Lady of Fields Cemetery

LOCATION (City, town, or county) (State): Millersville, Maryland

DATE REC'D BY LOCAL REGISTRAR: Feb. 11, 1955

REGISTRAR'S SIGNATURE: Dawson L. Carter

24. FUNERAL DIRECTOR AND ADDRESS: Hopping & Kirkley Funeral Home, 421 Crain Highway S.E., Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1342

CERTIFICATE OF DEATH

Reg. Dist. No. 01321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ESSEX
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 426 DELAWARE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 426 DELAWARE AVE.

3. NAME OF DECEASED: (Type or Print) (First) EMIL (Middle) (Last) KEMKE

4. DATE OF DEATH: (Month) 2 - (Day) 28 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: SEPT. 15-1893

9. AGE Last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: BREWERY

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ALBERT KEMKE

14. MOTHER'S MAIDEN NAME: CHRISTINE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: KATIE KEMKE SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastatic carcinoma — Interval between onset and death: 3 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of bladder — 9 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1954, to Feb 28, 1955, that I last saw the deceased alive on Feb 22, 1955, and that death occurred at 1 A M m., from the causes and on the date stated above.

SIGNATURE Joseph Kuck M.D. (DEGREE OR TITLE) ADDRESS 423 Eastern Ave Essex 21 md DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 3/3/55

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REG. 3/4/55

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR John D. Connelly. ADDRESS Essex md.

Item 18 Film 3179 4-5-55 ANG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02378

CERTIFICATE OF DEATH

1343

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenspring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CECIL (Middle) L (Last) KERNS

4. DATE OF DEATH: (Month) (Day) (Year) February 25 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced
8. DATE OF BIRTH: 11/6/18
9. AGE last birthday 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenspring, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pent Kerns
14. MOTHER'S MAIDEN NAME: Sarah Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Clin. Rec. Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193 X

IMMEDIATE CAUSE (A) BRAIN TUMOR -- Astrocytoma of cerebrum — INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2/20/55
19B. MAJOR FINDINGS OF OPERATION: Craniotomy with excision of brain tumor
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Feb. 19, 1955, to Feb 25., 1955 and that death occurred at 3:05P M, from the causes and on the date stated above.

SIGNATURE WINSTON C. DUDLEY M. D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 2/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF FEB. 26, 1955
NAME OF CEMETERY OR CREMATORY Forest Glen Cemetery
LOCATION (City, town, or county) (State) Greenspring, W. Va.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Dawson L. Farley
24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Flight Funeral Home 6009 Harford Rd.-Balto, Md.

SHIPPED TO: Kights Funeral Home Cumberland Md.
Decatur S...

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01322

Item 8 Filmed 2-21-55 et

CERTIFICATE OF DEATH

1344 Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gilchrist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN York 75X-3
STREET ADDRESS 145 W. Jackson St. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) M. (Last) Klauber
4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 2/7/1893
9. AGE last birthday: 62 yrs. 6 m 11 d
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): York Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philip
14. MOTHER'S MAIDEN NAME: Catherine Jacobs
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Records Gilchrist Home 6811 Campfield Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) 260X - Diabetes Mellitus — Interval Between Onset And Death: 5 yrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetic Ulcer of left leg. — 2 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - - Cerebral Hemorrhage — 4 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 19 53, to Feb. 13, 1955, that I last saw the deceased alive on Feb. 12, 1955, and that death occurred at 8:30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul L. Chambers, M.D. 4108 Liberty Hts Ave Balto 7, Md. 2-14-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/17/55
NAME OF CEMETERY OR CREMATORY Crooked Hill
LOCATION (City, town, or county) (State) York Co.

DATE REC'D BY LOCAL REGISTRAR 2-14-55
REGISTRAR'S SIGNATURE Dan Hedges Deputy
24. FUNERAL DIRECTOR Paul A. Hellmann
ADDRESS 6067 Harford Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01323

1258 CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LANSDOWNE; LENGTH OF STAY (in this place) 35 YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 THIRD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANSDOWNE; STREET ADDRESS (If rural give location) 312 THIRD AVE.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) ANNA C. KNARPENBERGER

4. DATE OF DEATH: (Month) (Day) (Year) FEB. 26, 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH. AUG. 9, 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: AUGUSTAS. YOCKEL

14. MOTHER'S MAIDEN NAME: ANNA S. WILKENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

15. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4427

(A) DUE TO Hypertensive A.S.C.V.D

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO & Terminal Cerebral embolus

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CA of Caecum

19A. DATE OF OPERATION: 19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25, 1954 to 2/26, 1955, that I last saw the deceased alive on 2/25, 1955, and that death occurred at 4:00 PM, from the causes and on the date stated above.

SIGNATURE John C. Healy M.D. M. D. ADDRESS Halethorpe Md DATE SIGNED 2/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF March 1, 1955; NAME OF CEMETERY OR CREMATORY Meadow Ridge Mem. Park; LOCATION (City, town, or county) (State) Balto. Md.

DATE RECD BY LOCAL REGISTRAR Feb 28, 55; REGISTRAR'S SIGNATURE Geo Kieffer

24. FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01324

1345

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 52 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore County
STREET ADDRESS (If rural give location) Dogwood Road

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) A. (Last) KLEIN

4. DATE OF DEATH: (Month) (Day) (Year) February 28 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: January 25, 1894

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10B. KIND OF BUSINESS OR INDUSTRY: Yard

11. BIRTHPLACE (State or foreign country): Granite, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Klein

14. MOTHER'S MAIDEN NAME: Julia MN: Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 121-16-2100

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) MYOCARDIAL INFARCT,LEFT VENTRICLE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) ARTERIOSCLEROSIS AND THROMBOSIS OF CORONARY ARTERIES — UNKNOWN

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan.7, 1955, to Feb. 28, 1955, that [illegible] and that death occurred at 4:05AM, from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFIER: WILLIAM B. VANDEGRIFT, M.D.
ADDRESS: M. D. VAH, Fort Howard, Maryland
DATE SIGNED: 2-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3-3-55
NAME OF CEMETERY OR CREMATORY: Granite Presbyterian
LOCATION (City, town, or county) (State): Baltimore County, Maryland

DATE REC'D BY LOCAL REGISTRAR: Mar. 1, 1955
REGISTRAR'S SIGNATURE: Damon L. Farley

24. FUNERAL DIRECTOR AND ADDRESS: Harry C. Weer Funeral Home, Sykesville, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1346

01325

Reg. Dist. No.

Item 2, Film 177 2-16-55 e.

1. PLACE OF DEATH:

County. Balto. Co.

City or town. Middle River (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred: 2a Yarmeter Rd, Middle River Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State. Maryland County. Baltimore

City or town. Middle River (If outside city or town limits, write RURAL and give nearest town)

Street No. 254 Lafayette St (If rural, give LOCATION)

2.(a) If veteran, name war. World War II

3. (a) FULL NAME William A. Knepper

3. (b) Social Security Number 181-07-2648

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife. Clara Knepper

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3-2-1896

8. AGE: Years	Months	Days	If less than one day
58			hrs. ... min.

9. Birthplace. Pa (Town, county, and state)

10. Usual occupation. Time Keeper

11. Industry or business. Glenn L. Martin Co.

FATHER 12. Name. Alfred Knepper

13. Birthplace —

MOTHER 14. Maiden name. Sarah Cole

15. Birthplace —

16. Informant. Clara Knepper

Address. Yarmeter

17. Burial (Burial, cremation, or removal. Which?) Date thereof. 2/11/55 (month) (day) (year)

Cemetery or crematory. Sky View Cemetery

Location. Penna.

18. Funeral director. Lansdale Funeral Home

Address. 740 Belair Rd. Balto Md.

2-9- 1955 (Date rec'd by registrar) AW Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH. 2-8 1955 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1952 to 2-8 1955 and that I last saw h. alive on 2-8 1955

Immediate cause of death	DURATION
Cerebral thrombosis accident	
Due to A.S.V.D. Hypertension	
Due to	4 yrs.
Other conditions. Pneumonia, arthritis	

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. Vincent J. Pawlus, M.D. M. D. or other

Address. Middle River, Md. Date signed 2-9-55

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01326

1347 CERTIFICATE OF DEATH

Reg. Dist. No. ... ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pikesville; LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Sherwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville X 1; STREET ADDRESS (If rural give location) 21 Sherwood Ave.

3. NAME OF DECEASED: (First) Sarah (Middle) Jane (Last) Knott

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 10-29-1863

9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Emmittsberg Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Peter Shorb

14. MOTHER'S MAIDEN NAME: Rose Shorb Rosenstiel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mary Catherine Warthen - 21 Sherwood

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (B) DUE TO Art-Sclerosis — 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ... , 1945, to Feb. 13th, 1955, that I last saw the deceased alive on Feb. 11th, 1955, and that death occurred at 6 P. M, from the causes and on the date stated above.

SIGNATURE James A. Miller M.D. ADDRESS Pikesville 8, Md DATE SIGNED 2/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-17-55 | NAME OF CEMETERY OR CREMATORY St. Charles | LOCATION (City, town, or county) Pikesville 8, Md (State)

DATE REC'D BY LOCAL REGISTRAR Feb. 15 | REGISTRAR'S SIGNATURE Dorothy A. Newell | 24. FUNERAL DIRECTOR Frank H. Newell | ADDRESS Pikesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01327

1348

Item 2, Film 3776 3-7-55 et

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PIKESVILLE (BALTO 7)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PIKESVILLE (BALTO 7)
STREET ADDRESS (If rural give location) AUGSBURG HOME 130 Overbrook Ln.

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) GODFREY (Last) KOLK

4. DATE OF DEATH: (Month) FEB. (Day) 26, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: JUNE 22, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER-RET

10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ADAM G. KOLK

14. MOTHER'S MAIDEN NAME: REBECCA TRAPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: HOME RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

IMMEDIATE CAUSE (A) Hypertensive Heart Disease with Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: - 5 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C) Paget's Disease — - 3 yrs.?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis — 5 yrs.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from Jan., 1955, to Feb. 26, 1955, that I last saw the deceased alive on Feb. 24, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE Earl L. Chambers — ADDRESS M.D. 4108 Liberty Hts. Baltimore Md. — DATE SIGNED 2-28-55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF MARCH 1, 1955 — NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEMETERY — LOCATION (City, town, or county) (State) BLENHEIM, BALTO. CO., MD.

DATE REC'D BY LOCAL REGISTRAR 3-28-55 — REGISTRAR'S SIGNATURE H. W. Hedrick — 24. FUNERAL DIRECTOR L. Herman & Son, Inc. — ADDRESS 6067 Harford Rd., Balto. 14, Md.

U.S. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1259

CERTIFICATE OF DEATH

Reg. Dist. No. 02383 72

Ltr. 2, Fil. 179 2-24-5 et

PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
THIS IS A PERMANENT RECORD.
Every item of information be carefully supplied. Physicians: please write the causes of death clearly and le
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTE

1. NAME OF DECEASED (Type or Print): FAUSTYN VICTOR KRAMER

2. DATE OF DEATH: FEB. 8, 1955

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 51 3326 WASHINGTON BLVD.
C. Length of stay in Baltimore: 00 Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: /
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3326 WASHINGTON BLVD.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Dec. 23, 1898
9. AGE (In years last birthday): 56 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBER A.P. SHIPPING
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN KRAMER
14. MOTHER'S MAIDEN NAME: IDA MRODROK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT: MRS HELEN ROUSCULP ADDRESS 8818 DULUTH AVE. NO. 22

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Thrombosis	0
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Sclerotic Heart Disease	about 6 yrs
DUE TO		
(C)	-------	--
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-------	--

19A. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER DATE: ------
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ----
20. AUTOPSY? YES ☐ NO ☒

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): ----- m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? ------

22. I certify that (I) (this hospital) attended the deceased from October 1950 to February 5 1955, that (I) (~~we~~) last saw the deceased alive on February 5 1955, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE: Mark F. Mann M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
23B. ADDRESS: 516 Cathedral Street
23C. DATE SIGNED: Feb. 10, 1955

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: FEB. 11, 55
24C. NAME OF CEMETERY OR CREMATORY: ST. STANISLAUS
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND.

DATE RECEIVED BY LOCAL REGISTRAR: FEB 11 1955
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: HENRY ANDER & SONS INC. ADDRESS: BALTIMORE MARYLAND Geo. F. Ander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01328

1349 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully! The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 612 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
STREET ADDRESS (If rural give location): 612 Murdock Road

3. NAME OF DECEASED: (First) HELEN (Middle) VIRGINIA (Last) LAKIN

4. DATE OF DEATH: (Month) Feb. (Day) 21, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 28, 1865

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Grubb

14. MOTHER'S MAIDEN NAME: Don't know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: William Bremer 2881 Chesterfield Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Cerebral Sclerosis with Cerebral Vascular Accident — Interval Between Onset And Death: 1½ yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Hypertensive Arteriosclerotic Cardio Vascular Disease — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1949, to Feb. 1955, that I last saw the deceased alive on Feb 15, 1955, and that death occurred at 6 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. H. Kammer, D. — ADDRESS: 501 Sheridan Ave. — DATE SIGNED: Balto 2/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 23, 1955 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-23-55 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 4210 Belair Road.

01329

MARYLAND STATE DEPARTMENT OF HEALTH

1350

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL LUTHERVILLE
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IDWSON
STREET ADDRESS (If rural, give location) 303 REGESTER AVE

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Mason (Last) Lane
4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1955

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH APR. 19, 1885
9. AGE last birthday 69 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. WATCHMAKER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) RHODE ISLAND
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME SPENCER LANE
14. MOTHER'S MAIDEN NAME ISABELL HARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-03-7458
17. INFORMANT AND ADDRESS MOLLIE G. LANE ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 & 0.1

Immediate cause (a) Coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Heart disease, valvular with coronary artery attacks — 6 mo +

(c) Heart disease, valvular with a.t. sclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ~~✓~~ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arthur G. Hudson M.D., P.M.E. Towson Md 2/19/55

23. BURIAL CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 2-21-1955
NAME OF CEMETERY OR CREMATORY LORRAINE PARK
LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REG. 2-21-55
REGISTRAR'S SIGNATURE Alice Redrick Deputy
24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4705 YORK RD.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01330

1351

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
LENGTH OF STAY (In this place) 11 yr. 2 mo. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE X
STREET ADDRESS (If rural give location) BALTO. BOX 217 RT 13 (21)

3. NAME OF DECEASED: (Type or Print) (First) AUGUSTA (Middle) (Last) LAVENDER

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 6/14-1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Lavender

14. MOTHER'S MAIDEN NAME: Anna Kaiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Joseph Lavender 839 W. 34 St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443X (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive C.V. disease — Years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21-, 1954 to 2-13-, 1955, that I last saw the deceased alive on 2-12-, 1955, and that death occurred at 5:32 P M, from the causes and on the date stated above.

SIGNATURE S. Waelsch M.D. ADDRESS Spring Grove St. Hospital DATE SIGNED 2/14/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2/15/55 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 2-14-55 — REGISTRAR'S SIGNATURE A.W. Hedrick — 24. FUNERAL DIRECTOR Leonard J. Rusk — ADDRESS 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01331

41

CERTIFICATE OF DEATH

1250

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY BALTO
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) DUNDALK 22
MARYLAND
LENGTH OF STAY (in this place) 50 YR.
53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 DUNDALK AVE.
60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK (22) 53
STREET ADDRESS (If rural give location) 45 DUNDALK AVE.

3. NAME OF DECEASED: (Type or Print) (First) WAYSON (Middle) CUMMINGS (Last) LEAVERTON

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 17 OCT.

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: SHIP BLDG.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN H. LEAVERTON

14. MOTHER'S MAIDEN NAME: IDA CUMMINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 216-03-1559

17. INFORMANT & ADDRESS: GRACE R. LEAVERTON - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of Prostate c metastasis DUE TO

Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to Feb 15, 1955, that I last saw the deceased alive on Feb 16 1955, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Robert Vandeventer (Degree or title) ADDRESS 2900 Dundalk Md DATE SIGNED Feb 16 55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 2-19-55

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR Feb 16 1955

REGISTRAR'S SIGNATURE William McKelly

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1251

CERTIFICATE OF DEATH

01332

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 86 Admiral Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 86 Admiral Blvd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELLEN (Last) LEIMBACH

4. DATE OF DEATH: (Month) Febuary (Day) 16, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 17, 1865

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Gray Rock, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Murphy

14. MOTHER'S MAIDEN NAME: Margaret Baron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Anna L. Lillich - 86 Admiral Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-22-2

Immediate cause (a) Myocarditis — Interval between onset and death: 15 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) senility — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1945, to Feb. 16, 1955, that I last saw the deceased alive on Feb 16, 1955, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[signature] — Dundalk, Md. — 2/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: Feb. 19, 1955 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: February 19 1955 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: H. SANDER & SONS, INC. Baltimore, Maryland — ADDRESS: [signature]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01333

1352 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto- MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto City
STREET ADDRESS (If rural give location) 1519 John St

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) ELeNore Charlotte Lenschow

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1955

5. SEX: F 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single 8. DATE OF BIRTH: Oct 5- 1863 9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if married) Retired Vocal Teacher. 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Balto Md 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Lenschow 14. MOTHER'S MAIDEN NAME: Charlotte Trautwein.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Paradise Nursing Home Catonsville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage DUE TO
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1954, to 2-5, 1955, that I last saw the deceased alive on 2-4, 1955, and that death occurred at 3 30 P M, from the causes and on the date stated above.
SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED 2-5-5

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 2/8/55 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) (State) Balto City

DATE REC'D BY LOCAL REGISTRAR 2-7-55 REGISTRAR'S SIGNATURE A W Hedges 24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St Paul St.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01334

1353

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A-A Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
STREET ADDRESS (If rural, give location) [redacted] Ritchie Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Lichtenberg

4. DATE OF DEATH: (Month) February (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 16-1863

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jim Edgar

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Jerome M. Lichtenberg, Linthicum Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X
Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) A-A
(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 1955, to 2-21, 1955, that I last saw the deceased alive on 2-20, 1955, and that death occurred at 1304 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] 2-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: February 23/55 | NAME OF CEMETERY OR CREMATORY: Elkridge | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 2-22-55 | REGISTRAR'S SIGNATURE: C.E. Harry

24. FUNERAL DIRECTOR: George E. Schwab | ADDRESS: 2101 Eutaw Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 013354

1354

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital Epping Forest

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILBERT (Middle) E. (Last) LOCKLIN

4. DATE OF DEATH: (Month) (Day) (Year) February 5, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10/29/77

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.Government Employee

10B. KIND OF BUSINESS OR INDUSTRY: Printer & Engraver

11. BIRTHPLACE (State or foreign country): Toledo,Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phenias Locklin

14. MOTHER'S MAIDEN NAME: Cornelia Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

IMMEDIATE CAUSE (A) MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 WEEKS

ANTECEDENT CAUSE (S) DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE — 5 YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, , 1955 to Feb 5 , , 1955 that I last saw the deceased alive on , 19 , and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE William B. VandeGrift, M.D. ADDRESS M.D. VAH, Fort Howard, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-10-55 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Fort Myer, Virginia

DATE REC'D BY LOCAL REGISTRAR February 7-55 — REGISTRAR'S SIGNATURE Dawson L. Parker

24. FUNERAL DIRECTOR J. William Lee Funeral Home — ADDRESS 4th & Massachusetts Avenue, N.E. Washington D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01336

1355 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 235 Ridge Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): 235 Ridge Avenue

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Ruth Gardiner Ludwig	February 1, 1955	Female	White	Married	Sept. 2, 1899	55 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Martin S. Burnham	Martha Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No — None	None	William J. Ludwig, 235 Ridge Avenue, Towson 4, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) 170X Hemorrhage Carcinomatosis

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Breast
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
August 1952	Carcinoma of Breast, Rt.	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. ..., 19 54, to Feb. 1 ..., 19 55, that I last saw the deceased alive on Feb. 1 ..., 19 55 and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE: Thomas S. Carr Jr (Degree or title) — ADDRESS: 6201 York Rd Balto 12 Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Feb. 4, 1955	London Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 4, 1955	Mabel C. Gray	John Burns' Sons,	Towson, Maryland

FEB 7 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1356

CERTIFICATE OF DEATH

01337

Reg. Dist. No. .. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

I

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3730 Sylvan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) 3730 Sylvan Drive

3. NAME OF DECEASED: (Type or Print) (First) NELL (Middle) (Last) LYDDANE

4. DATE OF DEATH. (Month) Feb. (Day) 14, (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Nov. 19, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: -- Hancock

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mr. Wm. H. Hildebrandt - 3730 Sylvan Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174X IMMEDIATE CAUSE (A) Carcinoma of lungs & mediastinal glands — 3 years

ANTECEDENT CAUSE (B) DUE TO Metastases from adenocarcinoma of uterus — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23, 1954, to Feb. 14, 1955, that I last saw the deceased alive on 2/14, 1955, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

SIGNATURE Maurice E. Shamer M. D. ADDRESS 3300 N. North ave., Baltimore DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/17/55 | NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. | LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 2-17-55 | REGISTRAR'S SIGNATURE C. W. Bedsole | FUNERAL DIRECTOR Wm. J. Pickens & Sons ADDRESS Bel Air, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01338

1357 **CERTIFICATE OF DEATH** Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (In this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 Melancthon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural give location) 212 Melancthon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) Beall (Last) Magraw

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1-20-1846

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Kansas City-Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Magraw

14. MOTHER'S MAIDEN NAME: Mary Nusscar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Cousin Evelyn R. Nusscar - 212 Melancthon Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X IMMEDIATE CAUSE	(A) Pneumonia Bronchio-	3 Days
ANTECEDENT CAUSE (S'	DUE TO (B) Cardio-Vascular renal	2 weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Uremia & Senesis	unk

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1955, to Feb 2, 1955, that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 2a M, from the causes and on the date stated above.

SIGNATURE Bennett A. Braun M. D. ADDRESS Lutherville DATE SIGNED 2/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-4-1955 | NAME OF CEMETERY OR CREMATORY London Park Cem. | LOCATION (City, town, or county) (State) Balto. City - Md.

DATE REC'D BY LOCAL REGISTRAR 2-3-55 | REGISTRAR'S SIGNATURE C W Mc-Cay

24. FUNERAL DIRECTOR Howard T Trader & Son ADDRESS 108 W. North Ave

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01339

1358

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Woodlawn
LENGTH OF STAY (in this place) 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Katherine Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Villa Nova MD X
STREET ADDRESS (If rural give location) 4105 Essex Rd Rural

3. NAME OF DECEASED: (Type or Print) (First) Delia (Middle) Agnes (Last) Mahle

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Samuel C.

8. DATE OF BIRTH: 1-18-1868

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John King

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mr John Mahle, 2031 Gwynn Oak Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Pneumonia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardiovascular disease — About 6 mos.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XXX

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1951, to Feb. 13 1955, that I last saw the deceased alive on Feb. 11 1955, and that death occurred at 6.30 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mallet L Mallett ADDRESS 2220 Garrison Blvd DATE SIGNED 2/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-16-55 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetory LOCATION (City, town, or county) (State) Woodlawn

DATE REC'D BY LOCAL REGISTRAR 2-14-55 REGISTRAR'S SIGNATURE Eug. C. Bonsall 24. FUNERAL DIRECTOR ADDRESS Charles P. Towell 6411 Windsor Mill Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Dr Willett
2220 Garrison Blvd

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01340

1359

CERTIFICATE OF DEATH

Reg. Dist. No. 33

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Beckleysville, (Rural) — LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES — (Middle) A — (Last) MARTIN

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Oct 8-1867

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Luther Martin

14. MOTHER'S MAIDEN NAME: Mary Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Luther Martin, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 2 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 54, to 2-20-55, that I last saw the deceased alive on 2-20-55, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

M. C. Porterfield M.D — Hampstead, Md — 2-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-23-1955 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 2-21-55 — REGISTRAR'S SIGNATURE: Mary B. Elma

24. FUNERAL DIRECTOR — ADDRESS: Edw Shipley, Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01341

1360 **CERTIFICATE OF DEATH** Reg. Dist. No. 3-5

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Roberts Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 3 Roberts Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Walter (Last) Matthews

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Feb. 10, 1867

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Matthews

14. MOTHER'S MAIDEN NAME: Mattial ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Naomi Miller 3 Roberts Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.0 IMMEDIATE CAUSE (A) Mitral Insufficiency — 44 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive Cardiac Disease — ?
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonitis (Virus Infection) — 13 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-13-, 1955 to Feb. 26-, 1955, that I last saw the deceased alive on Feb. 24-, 1955, and that death occurred at 9.30 P M, from the causes and on the date stated above.

SIGNATURE T. F. Maloney M. D. ADDRESS 57 Winterset Farm-28. DATE SIGNED 2-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-2-55

NAME OF CEMETERY OR CREMATORY Western Star Cem

LOCATION (City, town, or county) (State) Catonsville, Md.

DATE REC'D BY LOCAL REGISTRAR 3-1-55

REGISTRAR'S SIGNATURE E. W. Hebron

NAME OF FUNERAL DIRECTOR Mrs Frances A. Hensley

ADDRESS 578 W Biddle St

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1361 CERTIFICATE OF DEATH

01342

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: Towson
   COUNTY Baltimore
   CITY (If outside corporate limits, write RURAL) OR TOWN 55
   LENGTH OF STAY (in this place) 5 years
   MARYLAND
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Sheppard & Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Washington, (9) D. C. COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 47X 3
   STREET ADDRESS (If rural give location) 1736 - 19th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Evans (Last) Mayfield

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 12, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months | Days IF UNDER 24 HRS. Hours | Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): V.P. & Sec.

10b. KIND OF BUSINESS OR INDUSTRY: Electrical Supply Co.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: Benjamin R. Mayfield

14. MOTHER'S MAIDEN NAME: Charlotte Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sheppard & Enoch Pratt Hospital, Towson 4, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
102.7 Immediate cause	(a) Pulmonary edema	1 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) generalized arteriosclerosis & chronic myocarditis	4 yrs
	DUE TO (c) Fracture Neck of left femur	2/7/55
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis & cerebral arteriosclerosis		4 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg.) Hospital (CITY OR TOWN) Towson (COUNTY) Balto (STATE) Maryland
TIME OF INJURY (Month) 2 (Day) 7 (Year) 55 (Hour) 2 4 p m.
INJURY OCCURRED While at Work ☐ Not While At Work X
HOW DID INJURY OCCUR? Fell from chair

22. I hereby certify that I attended the deceased from Jan 22, 1950, to Feb 8, 1955, that I last saw the deceased alive on Feb 7, 1955, and that death occurred at 3:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) THE SHEPPARD & ENOCH PRATT HOSPITAL
ADDRESS Towson 4, Md.
DATE SIGNED 2/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 2/8/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 2-8-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Frank Hines -2901 -14th St. N. W., Wash. D. C.
ADDRESS

Ok Bollinger Hudson M.D., D.M.E. Towson Md. Baltimore County 2/8/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01343

1362 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 31 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, 22
STREET ADDRESS (If rural give location) 706 Oakley Beach Drive

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) R. (Last) MEANS

4. DATE OF DEATH (Month) (Day) (Year) February 16, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: November 5, 1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning

11. BIRTHPLACE (State or foreign country): Altoona, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Means

14. MOTHER'S MAIDEN NAME: Hattie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 174-18-1323

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1-3X

IMMEDIATE CAUSE (A) ADENOCARCINOMA, SIGMOID COLON — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PNEUMONIA — 3 DAYS

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from Jan. 16, 1955, to Feb. 16, 1955, [illegible], and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE Irving Freeman
IRVING FREEMAN, M.D. ADDRESS M. D. VAH, Fort Howard, Md. DATE SIGNED 2-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF FEB. 18, 1955 — NAME OF CEMETERY OR CREMATORY Alto Reste Cemetery — LOCATION (City, town, or county) (State) Altoona, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 2/18/55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR AND ADDRESS Wm.Cook-Blight Funeral Home (Inc) 6009 Harford Road, Baltimore 14, Md.

SHIPPED TO: Hickey Funeral Home, 911 Lexington Ave. Altoona, Pa.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01344

1363

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1718 Pin Oak Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] Md. COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural give location) 1718 Pin Oak Rd.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDWARD (Last) MEEK

4. DATE OF DEATH: (Month) Feb. (Day) 8, (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 3, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (rtd)

10B. KIND OF BUSINESS OR INDUSTRY: Oil

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E. Meek

14. MOTHER'S MAIDEN NAME: Mary Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

15. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Certrude E. Meek-1718 Pin Oak Rd. Towson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic cardiovascular disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/ ....., 19 55 to ..... 2/12 ., 19 55 that I last saw the deceased alive on ..... 2/13 ..., 19 55 and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 5 [illegible] Pin Oak Road DATE SIGNED 2 18 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2/11/55

NAME OF CEMETERY OR CREMATORY: Parkwood Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 2-9-55

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. J. Tickner & Son

ADDRESS: Balto 17 Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1364

CERTIFICATE OF DEATH

01345

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville, 28
LENGTH OF STAY (in this place) 2yrs 7months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 W. 1-4
STREET ADDRESS (If rural give location) 704 Madison Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) A. (Last) MELL

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 5-4-1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Medical Records, Spring Grove Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Bronchopneumonia	26 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive C.V.d.	unknown
	DUE TO (C) severe generalized arteriosclerosis	"

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: benign hypertrophy of prostate, inguinal hernia "

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1952, to 2.6, 19 55 that I last saw the deceased alive on 2.6, 19 55, and that death occurred at 6 30 PM, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischmann M.D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 2.6.55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 2/11/55 NAME OF CEMETERY OR CREMATORY St. Peter Cem. LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 2-10-55 REGISTRAR'S SIGNATURE Wm. Hedrick 24. FUNERAL DIRECTOR Wm. J. Tietjen & Sons ADDRESS Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01346

1365 **CERTIFICATE OF DEATH** Reg. Dist. No. 3 C...

1. PLACE OF DEATH: BALTIMORE COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 24 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: MARYLAND STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE U3X-1
STREET ADDRESS (If rural give location) 5518 HUTTON AVE.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) CHARLES (Last) MICHEL

4. DATE OF DEATH: (Month) FEB. (Day) 24 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: APRIL 15, 1901

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): YUGOSLAVIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: STEPHEN MICHEL

14. MOTHER'S MAIDEN NAME: KATHERINE MICHEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. UNK.

17. INFORMANT & ADDRESS: MRS. ROSE JONES 5518 HUTTON AVE., BALTIMORE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH

ANTECEDENT CAUSE (B) DUE TO GENERALIZED ARTERIOSCLEROSIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31 1955, to Feb. 24, 1955, that I last saw the deceased alive on Feb. 24, 1955, and that death occurred at 6 00 P.M, from the causes and on the date stated above.

SIGNATURE Benjamin Blackman M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 2/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-28-1955 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR February 24 1955 | REGISTRAR'S SIGNATURE RW

24. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ...fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

.1366

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01347

Reg. Dist. No. 30

tom 2, Film G178 3-4-55 at

1. PLACE OF DEATH:
County Pardee Nursing Home
City or town Catonsville or Baltimore Co
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pardee Nursing Home
Stay in hospital or inst. (yrs., or mos., or days) 4 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town [illegible] Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. [illegible] 20 Burke Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary G. Moser

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: not known
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 13, 1884
8. AGE: Years 70 | Months 7 | Days 10 | If less than one day ____ hrs. ____ min.
9. Birthplace: Baltimore City Md. (Town, county, and state)
10. Usual occupation: Retired Baby nurse
11. Industry or business
FATHER 12. Name: John F. D'Arcy
13. Birthplace: New York
MOTHER 14. Maiden name: Georgia Peacock
15. Birthplace: Baltimore Md.
16. Informant: Mrs Mary E. Rick
Address 20 E. Burke Ave, Towson Md
17. Burial (Burial, cremation, or removal Which?) Date thereof Feb. 26. 1955 (month) (day) (year)
Cemetery or crematory Green mount Cemetery
Location Greenmount Ave Baltimore Md
18. Funeral director Edmer W. Conklin
Address 924 E. Eager St. Baltimore, Md.
19. 2-25 1955 (Date rec'd by registrar) A W Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23. 1955, at 7p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1952, to Feb 23 1955
and that I last saw h-2/2- alive on Feb 22 1955

	DURATION
Immediate cause of death: Myocardial failure	72 hrs
Due to: [illegible]	
Due to: Arteriosclerosis 2 years	Unknown
Other conditions: Def at [illegible]	[illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following.
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Stephen Gay Jr. M.D.
M. D. or other
Address 204 Fairview Ave Date signed 2-26-55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01348

1367 CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Wilson; MARYLAND LENGTH OF STAY (in this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18, Maryland; STREET ADDRESS (If rural give location) 3124 Guilford Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Joseph (Last) Moran

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3/16/1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 11 Days 0 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Moran

14. MOTHER'S MAIDEN NAME: Maria Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-20-0430

17. INFORMANT & ADDRESS: Paul J. Feeley, 3124 Guilford Ave. Baltimore 18, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 163X (A) Carcinoma of the Lung — INTERVAL BETWEEN ONSET AND DEATH: Approx. 6 months

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1955 to 2/16, 1955, that I last saw the deceased alive on 2/16, 1955 and that death occurred at 10A.M, from the causes and on the date stated above.

SIGNATURE William Newcomer WM. NEWCOMER, M.D. ADDRESS Mt. Wilson, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 2/18/55; NAME OF CEMETERY OR CREMATORY New Cathedral Cem; LOCATION (City, town, or county) (State) Balto MD

DATE REC'D BY LOCAL REGISTRAR Mar. 4, 1955; REGISTRAR'S SIGNATURE Dorothy Buell; 24. FUNERAL DIRECTOR Charles H. Graves & Son; ADDRESS Balto Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1955

1368

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01349

Reg. Dist. No. .....

Form 9, Rev. 0177 2-15-55 e+

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Baltimore; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 408 S. Payson St.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) L. (Last) Morgan

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W		12. 5. 1881	73 Yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H-W

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Burkmeyer

14. MOTHER'S MAIDEN NAME: Rebecca Greiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Charles E. Morgan Jr. 408 S. Payson St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1/6/55

ANTECEDENT CAUSE (B) DUE TO: Arteriosclerotic cardio Vas. disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 19 55, to 2/5, 1953, that I last saw the deceased alive on 2/5, 19 55, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE S. Wachsler M. D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 2/5/1953

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 8/55	Meadowridge	Harsey, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-7-55	[illegible]	Harry A. Lutz & Son	4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1369 **CERTIFICATE OF DEATH**

013511

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

Dr. Siwinski

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Towson

LENGTH OF STAY (In this place): 2½ mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Harford

CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Abingdon — R.X.

STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Augusta F. Morgan	Feb. 10, 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Aug. 24, 1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Grocery Store	Conn.,	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Rosier	Augusta Rosier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	215-34-1751	Thomas C. Morgan, Abingdon, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
157X Immediate cause	(a) Metastatic carcinoma, abdominal	9 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Carcinoma of pancreas	9 months
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
May 1954	Carcinoma of pancreas with abdominal metastases	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1955, to 2/10, 1955, that I last saw the deceased alive on 2/9, 1955, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Thaddeus C. Siwinski	MD	17 W. Pennsylvania Ave.	Feb. 12, 1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1955	St. Mary's Cemetery	Emmorton, Harford Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar. 1, 1955	Mabel Gray B	Howard K. McComas & Son, Abingdon, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01351

1370 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 86 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1313 Wellsbach Way

3. NAME OF DECEASED: (Type or Print) (First) CLAUDE (Middle) (NMI) (Last) MORRIS

4. DATE OF DEATH: (Month) (Day) (Year) February 17 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: September 30, 1920

9. AGE last birthday 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill operator

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nortonsville, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elbert Morris

14. MOTHER'S MAIDEN NAME: Bertha MN: Shifflet

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 217-18-6749

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

35'/X

IMMEDIATE CAUSE (A) CALCULOUS PYONEPHROSIS, BILATERAL — INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS

ANTECEDENT CAUSE (S) DUE TO PARAPLEGIA — 5 YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Due To TRAUMATIC TRANSVERSE MYELOPATHY — 5 YEARS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TOXIC NEPHROSIS, UREMIA

19A. DATE OF OPERATION: 12-21-54 1-26-55

19B. MAJOR FINDINGS OF OPERATION: Left pyelolithotomy and drainageof perinephric abscess Transurethral resection of vesical neck

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Nov. 23, 1954, to Feb. 17, 1955, and that death occurred at 6:05 AM, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller ADDRESS DATE SIGNED

JOSEPH M. MILLER, M.D. Chief, Surgical Service M. D. VAH, Fort Howard, Maryland 2-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb 21, 1955 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-21-55 — REGISTRAR'S SIGNATURE T.G. ✓

24. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. Funeral Home 1901 Eastern Ave.,Cor. Wolfe,Baltimore,Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01352

1371

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 39 E. Hamburg Street ✓

3. NAME OF DECEASED: (Type or Print) (First) BRYANT (Middle) (NMI) (Last) MOWERY

4. DATE OF DEATH: (Month) February (Day) 9, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/28/87

9. AGE last birthday 67 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Soldier

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boyd County, Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Putler Mowery

14. MOTHER'S MAIDEN NAME: Nancy Fannin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.3

IMMEDIATE CAUSE (A) CIRRHOSIS OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Jan. 14, 1955 to Feb. 9, 1955 that I last saw the deceased alive on XXXXXXXXXXXX and that death occurred at 5:01 A M, from the causes and on the date stated above.

SIGNATURE: RICHARD K. PEACOCK, M. D. — ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 2/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2-14-55

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: FEB. 17, 1955

REGISTRAR'S SIGNATURE: A. W. Heinrich ✓

24. FUNERAL DIRECTOR — **ADDRESS:** McCully Funeral Home, 130 E. Fort Ave., Baltimore, Md.

Two for one certificate Film 177 - 2/23/53
mcl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01353

1260 **CERTIFICATE OF DEATH** Reg. Dist. No. 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 51 HALETHORPE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5505 ASHBOURNE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE
STREET ADDRESS (If rural give location) 5505 ASHBOURNE RD

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) P. (Last) NOLAN

4. DATE OF DEATH: (Month) FEB (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: JAN. 16, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 26 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LAWRENCE E. NOLAN

14. MOTHER'S MAIDEN NAME: ELIZABETH ROPP.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: L. NOLAN 5505 ASHBOURNE RD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Cardiac collapse — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours

ANTECEDENT CAUSE (S) DUE TO (B) Infectious Enteritis (etiology not known) — 1½ days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Slight prematurity at birth

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 17, 1955, to FEB 12, 1955, that I last saw the deceased alive on FEB 12, 1955 and that death occurred at 3.30 P. M, from the causes and on the date stated above.

SIGNATURE John F. Coalahan M. D. ADDRESS 4201 Willow AVE. DATE SIGNED Feb 12, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 2/14/55 — NAME OF CEMETERY OR CREMATORY LOUDON PARK — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Feb 13 55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Joseph T. Timberlake Jr. ADDRESS 1028 Eutaw Pl. Ave. Bal.

2115352343

1372

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 1354 No. 30

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 11mos. 8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural, give location) 3708 Beehler Avenue

3. NAME OF DECEASED: (First) Sophie (Middle) (Last) Oberman
4. DATE OF DEATH (Month) (Day) (Year) February 9, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan. 6, 1885	70? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Russia	Russia?

13. FATHER'S NAME: David ?
14. MOTHER'S MAIDEN NAME: Ester ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure DUE TO Pneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis DUE TO	
	(c) Fracture right femur	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mell.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City, or town)	(County)	(State)
	Hospital	Catonsville	Balto.	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
July 6 53 M.		Slipped from bed while getting on bed pan

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jer McAuliffe M. D. 1010 Leadenhall
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 2-9-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-10-55	Herring Run	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-10-55	A. W. Bond	Jack Lewis Inc	2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01555

1373

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Mt. De Sales Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 4 Mt. De Sales Road - 29

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) GERTRUDE (Last) O'BRIEN

4. DATE OF DEATH: (Month) FEB (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: July 23, 1875

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Webert.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 217-01-2309

17. INFORMANT & ADDRESS: Elizabeth A. Carroll 4 Mt. De Sales Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
170X
Immediate cause (a) Carcinoma of the left breast — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive arterio. C-V Disease — 6 yrs?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1949, to Feb 10, 1955, that I last saw the deceased alive on Feb 9, 1955, and that death occurred at 11 1/2 p m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Paul R. Zeigler M.D. 3723 Edmondson ave 2/12/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb 14 1955
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 2-13-55
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR ADDRESS John F. Teufel 5311 Edmondson Ave.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01356

1252 CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO | STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 53 DUNDALK | LENGTH OF STAY (in this place) 73 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD | COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO
STREET ADDRESS (If rural give location) 6321 HUC. ST

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) M. (Last) OCHAB

4. DATE OF DEATH: (Month) FEB (Day) 27 (Year) 19 55

5. SEX: Femal

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: APRIL 1878

9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: CHARWOMAN

11. BIRTHPLACE (State or foreign country): PENN

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WISZINSKI

14. MOTHER'S MAIDEN NAME: Josephine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 211-20-8677

17. INFORMANT & ADDRESS: JOSEPHINE KOONTZ 5328 Ald. 46th

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 19 55, to Feb 27, 1955, that I last saw the deceased alive on Feb 27 1955, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Vander MD | ADDRESS 2900 Dunmanway | DATE SIGNED Feb 28 '55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF MARCH 3/55 | NAME OF CEMETERY OR CREMATORY SACRED HEART MAY | LOCATION (City, town, or county) DUNDALK AVE | (State) MD

DATE REC'D BY LOCAL REGISTRAR 3-1-55 | REGISTRAR'S SIGNATURE Dr. Hedgpeth Dray

24. FUNERAL DIRECTOR Marie Fiathowski | ADDRESS 1000 S. Kenwood Ave BALTO 24-MD

VS. A15

01357

MARYLAND

STATE DEPARTMETT OF HEALTH

1374

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Y N. Prospect Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 8 Y N. Prospect Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Franlin (Last) O'Donnell
4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: APRIL 7, 1878
9. AGE: Last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Patrick T. O'Donnell
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. John F. O'Donnell - 87 N. Prospect Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio - Respiratory failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis (c) Arteriosclerosis, Generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 54, to 20 Feb, 19 55 that I last saw the deceased alive on 20 Feb, 19 55 and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE William A Bayer M.D. (Degree or title) ADDRESS 1100 Edmondson Ave DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE 2-25-55 | NAME OF CEMETERY OR CREMATORY Cathedral Cem. | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 2/22/55 | REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Fahey Funeral Home, Catonsville, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01358

1375 CERTIFICATE OF DEATH

Reg. Dist. No. 4-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X SPARROWS POINT
LENGTH OF STAY (in this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 720 E STREET.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SPARROWS POINT (19) X 1
STREET ADDRESS (If rural give location) 720 E ST.

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) MORSE (Last) OFFLEY
4. DATE OF DEATH: (Month) FEB. (Day) 2. (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	WHITE	WIDOWED	6 JULY, 1881	73 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: BUYER
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD OFFLEY
14. MOTHER'S MAIDEN NAME: ALICE NORTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-6830
17. INFORMANT & ADDRESS: MARION M. OFFLEY, JR — SAME

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Coronary Insufficiency DUE TO	1 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerotic & Hypertensive DUE TO	5 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Feb. 2, 1955, that I last saw the deceased alive on Feb. 2, 1955, and that death occurred at 6:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James A. Means M.D.	520 E St. Balto 19	2/2/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-5-55	MORELAND	BALTO. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: FEB. 7 55
REGISTRAR'S SIGNATURE: Dawson L. Harbor
24. FUNERAL DIRECTOR: Walter Brooks Bradley, Dundalk, Md.
ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01359

1376

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON
LENGTH OF STAY (in this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8348 Edgedale Road

2. USUAL RESIDENCE (HOME.) OF DECEASED.
STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON
STREET ADDRESS (If rural give location) 8348 Edgedale Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Richard E. O'Hara

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 15, 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 17, 1922

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. O'Hara

14. MOTHER'S MAIDEN NAME: Irene Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World 2

16. SOCIAL SECURITY NO. 220-14-0641

17. INFORMANT & ADDRESS: Mrs. Richard E. O'Hara, 8348 Edgedale Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4 1

(A) DUE TO Acute coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Appr. Rollin C Hudson MD-BME S.S.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1955, to 2/15, 1955 that I last saw the deceased alive on 2/15, 1955, and that death occurred at 6:35 P M, from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS — DATE SIGNED

[signature] 5213 York Road Towson 4 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 18, 1955

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Woodlawn, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/17/55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Wm J. Tickner & Sons, Inc., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01360

1377 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston. 1 a X-2
STREET ADDRESS (If rural give location) 4801 52nd Ave

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) Belle (Last) Oliver
4. DATE OF DEATH: (Month) Feb (Day) 22 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M
8. DATE OF BIRTH: 8-17-1885
9. AGE last birthday: 69 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Humphrey
14. MOTHER'S MAIDEN NAME: Ann —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Not Known
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vascular Accident — 3 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized arteriosclerosis — Years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Ht. Disease — Years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1955 to Feb 22, 1955 that I last saw the deceased alive on Feb 22, 1955, and that death occurred at 7 20 P M, from the causes and on the date stated above.
SIGNATURE Frederick E. Phillips M.D. ADDRESS Spring Grove Hosp DATE SIGNED 2/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2/25/55
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington, DC

DATE REC'D BY LOCAL REGISTRAR 2-25-55
REGISTRAR'S SIGNATURE V. E. Harris Deputy Registrar
FUNERAL DIRECTOR Geschia Sons ADDRESS Hyattsville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01361

1378 **CERTIFICATE OF DEATH** Reg. Dist. No. 73

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oliver Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 180 Greenbank Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oliver Beach
STREET ADDRESS (If rural give location) 189 Greenbank Ave.

3. NAME OF DECEASED: (First) Mr. (Middle) George A. (Last) Ott
4. DATE OF DEATH: (Month) February (Day) 18 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	widowed	May 27, 1878	76 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Ott
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) ***
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. James Black, 627 Piccadilly Road #4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

44 X

IMMEDIATE CAUSE (A) Arterio sclerotic-Cardio-Renal

ANTECEDENT CAUSE (B) DUE TO Stenosis — 6 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
—	—	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Feb. 18, 1955, that I last saw the deceased alive on Feb., 1955, and that death occurred at 2:00 A. M, from the causes and on the date stated above.

SIGNATURE James J. White M.D. ADDRESS 427 Easton Ave. Bel Air, Md. DATE SIGNED 2/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 21, 1955	Baltimore National Cem.	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR February 19, 1955 | REGISTRAR'S SIGNATURE R. W. | 24. FUNERAL DIRECTOR Leonard J. Ruck, ADDRESS 5305 Harford Road #14

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. White
422 Eastern Av

1379

01362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Woodlawn
LENGTH OF STAY (in this place) 18 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2203 Southland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2203 Southland Rd.

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) MAUDE (Last) OVERTON

4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Class. 5

8. DATE OF BIRTH: Sept 13, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): St. Marys Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Jones

14. MOTHER'S MAIDEN NAME: ? Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: none.

17. INFORMANT & ADDRESS: S. S. Overton - 2203 Southland Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Coronary artery Disease — 1 hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerotic C-V. Disease — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none.

19a. DATE OF OPERATION: none. **19b. MAJOR FINDING OF OPERATION:** none. **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY none. **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. none. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?** none.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 2/8/55 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2-7-55 | REGISTRAR'S SIGNATURE Eugene Bonsall

24. FUNERAL DIRECTOR Chas P. Towell 6411 Windsor Mill Rd ADDRESS

1380

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01363

Reg. Dist. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2903 Ives [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) Perkins

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 19[illegible]

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
female	W	[illegible]	5-29-1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
[illegible] wife		Maryland	

13. FATHER'S NAME: Merrill Hopkinson

14. MOTHER'S MAIDEN NAME: Lillian Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Frances [illegible] 2903 Ives [illegible] Ave., Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxiation	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) due to choking on food while	
DUE TO		
	(c) eating - her self-per	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	21c. (City or town) Calvert Hall	(County) Balto	(State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
Feb 27 1955 P.M.		Choked on food while eating meal

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] 1010 Leader Ave

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Feb 27 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 22, 1955	Green Mount	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/55	[signature]	John O. Mitchell & Sons Inc	1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

· 1381

Reg. Dist. No. 01364

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS TRIPLE UNION PARK RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
STREET ADDRESS (If rural give location) TRIPLE UNION PARK ROAD

3. NAME OF DECEASED: (First) GEORGE (Middle) T. (Last) PETERS

4. DATE OF DEATH: (Month) FEB (Day) 15 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APR. 9. 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SUPERVISOR

10b. KIND OF BUSINESS OR INDUSTRY: SHIPYARD

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS PETERS

14. MOTHER'S MAIDEN NAME: ELIZABETH RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: RAYMOND PETERS 4135 JOPLIN ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Inanition — 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Carcinomatosis

DUE TO

(c) Carcinoma of bladder — 8 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis of bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to Feb 15, 1955, that I last saw the deceased alive on Feb 15, 1955, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert E. Farber M.D. ADDRESS Sparrows Point, Md DATE SIGNED 2-16-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF FEB 19 1955 — NAME OF CEMETERY OR CREMATORY OAK LAWN — LOCATION (City, town, or county) (State) COLGATE MD

DATE REC'D BY LOCAL REGISTRAR FEB 16 55 — REGISTRAR'S SIGNATURE Dawson L. Farber

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME — ADDRESS 2112 DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01365

CERTIFICATE OF DEATH

1332

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural give location) York Road

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) Cockey (Last) Pindell

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 14, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joshua H. Cockey

14. MOTHER'S MAIDEN NAME: Annie R. Hutchins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Arthur Y Pindell Rfd 1 Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis — 1 month.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Feb. 24, 1955, that I last saw the deceased alive on Feb. 23, 1955, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Worrill, M.D. ADDRESS Cockeysville, Maryland DATE SIGNED 2/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 26, 1955 — NAME OF CEMETERY OR CREMATORY Sherwood — LOCATION (City, town, or county) Cockeysville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2-25-55 — REGISTRAR'S SIGNATURE Wm Redmond — 24. FUNERAL DIRECTOR J. T. Nicholson - 8057 — ADDRESS Cave & St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01366

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1383

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltaco — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4217 Fullerton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Co Md
STREET ADDRESS (If rural, give location) 4217 Fullerton Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louise	G	Plitt	Feb	28	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	Aug 4 - 1867	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: George Plitt
14. MOTHER'S MAIDEN NAME: Frances M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Vivion White 4217 Fullerton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of face & nasal septum — INTERVAL BETWEEN ONSET AND DEATH: 8 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized arteriosclerosis; degenerative brain

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED: Whilo at Work ☐ / Not Whilo At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 10, 1954, to Feb 28 1955 that I last saw the deceased alive on Feb 27, 1955, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. V. Harbold M.D. 4706 Harford Road-14 March 1, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/2/55	Balto Cemetery	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 1-55	Mrs M. K. Reifsnider	Lansdale Funeral Home	7401 Belair Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR 7 1955
BUREAU V. S.

1384

01367

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stonsville
LENGTH OF STAY (In this place) Ymrs 1mo. 2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 312 Exeter Street

3. NAME OF DECEASED: (First) Treccia (Middle) Ryan (Last) Poat (Type or Print)

4. DATE OF DEATH: (Month) February (Day) 1, (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced | 8. DATE OF BIRTH: 7-17-1905 | 9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pants trimmer | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Ryan

14. MOTHER'S MAIDEN NAME: Mary Gunnin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo McKieffer M. D. 1010 Leadenhall

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 2-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 2/11/55 | NAME OF CEMETERY OR CREMATORY Loudenslager Medical | LOCATION (City, town, or county) (State) Bath city Md

DATE REC'D BY LOCAL REG. 2-10-55 | REGISTRAR'S SIGNATURE T. E. Harry | 24. FUNERAL DIRECTOR ADDRESS Mrs A Crosby 575 W Biddle St

01368

MARYLAND 1395

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 5[illegible]

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eatonsville
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 7 South 5th St.

3. NAME OF DECEASED (Type or Print): (First) Amoret (Middle) C. (Last) Price

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 28, 1869

9. AGE last birthday: 85? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Cameron

14. MOTHER'S MAIDEN NAME: Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Judge W. L. Henderson. Shoreland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Broncho-Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c) Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1955, to Feb 14, 1955, that I last saw the deceased alive on Feb 11, 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 2-15-55 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Wilmington (State) N. C.

DATE REC'D BY LOCAL REG. 2/14/55 REGISTRAR'S SIGNATURE C. E. Harvey

24. FUNERAL DIRECTOR Harley Funeral Home - Catonsville, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18 01369

1336 **CERTIFICATE OF DEATH** Reg. Dist. No. 55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. F. J. Vollmer

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Conv. Home Lutherville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) 223 Morris Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Elizabeth (Last) Pritchett

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug. 16, 1871	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Baltimore, Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	None	Mrs. Richard H. Thompson 223 Morris Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral arteriosclerosis	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to Feb. 1, 1955, that I last saw the deceased alive on Jan. 27, 1955, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick J. Vollmer MD 6100 York Road Feb. 1, 19 55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 4, 1955	Baltimore Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2-3-55	[illegible]	John O. Mitchell & Sons 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH

01370

1387

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X SPARROWS POINT, MD. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ~~BALTIMORE~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 423 FOLCROFT ST. #24

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	PULASKI		2 - 19 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	MARRIED	Nov. 26, 1906	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC	BETH. STEEL CO.	BALTIMORE, MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH PULASKI	ANNA KRYZLANKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		MARGARET PULASKI SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 20 min

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Davis M.D.	Dept. Med. Examiner	Dundalk-Md	2/24/55

23. BURIAL, CREMATION, REMOVAL, Specify	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-23-55	ST. STANISLAUS CEM.	1300 DUNDALK AVE BA. MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-55	M.W. Hedrick	Charles S. Feiler	901 S. CONKLING ST BALTO., 24, MD.

Dunn

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1388

CERTIFICATE OF DEATH

01371

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH. COUNTY: Baltimore. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Fort Howard, MARYLAND LENGTH OF STAY (in this place): 15 days. HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE: Maryland COUNTY: / CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (St. Charles College) STREET ADDRESS (If rural give location): Wilkins Ave. & Maidenchoice Lane

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) T. (Last) RAUSCH

4. DATE OF DEATH (Month) (Day) (Year): February 12, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-7-98

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen Work

10B. KIND OF BUSINESS OR INDUSTRY: St.Charles College

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Rausch

14. MOTHER'S MAIDEN NAME: Nanetta Auer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes V (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO. 215-32-2625

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 162X

ANTECEDENT CAUSE (B): XXXXXXX

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. XXXXXXX

(A) CARCINOMA, RIGHT LUNG, UNDIFFERENTIATED

DUE TO XXXXXX PLEOMORPHIC TRANSITIONAL CELL TYPE,

XXXXXXX WITH METASTASES

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 10 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1954, to Feb. 12, 1955, that I last saw the deceased alive on XXXXXXXXXXXXXXXXXX and that death occurred at 5:00 PM, from the causes and on the date stated above.

SIGNATURE: GEORGE ITTNER ADDRESS: M.D. VAH, Fort Howard, Md. DATE SIGNED: 2-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2-15-55

NAME OF CEMETERY OR CREMATORY: Moreland Memorial Cemetery

LOCATION (City, town, or county) (State): Taylor Ave. & Belair Rd. Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/14/55

REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: Jn. J. Tickner & Sons, Incorp. ADDRESS: North and Pennsylvania Aves., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01372

1339

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (In this place) 9yr 2mo 22 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 2209 N. Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Rippeman

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 19 55

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single 8. DATE OF BIRTH: 1-21-1871 9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Rippeman 14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT & ADDRESS: Records Spring Grove State Hosp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 x 1

IMMEDIATE CAUSE (A) Inanition and Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Multiple decubital gangrene — 2 years

DUE TO (C) Advanced arteriosclerotic cardiovascular disease — 10 years +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1945, to Feb. 6, 1955, that I last saw the deceased alive on Feb. 6, 1955, and that death occurred at 2 A.M, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischman M.D. ADDRESS Spring Grove DATE SIGNED 2.7.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 2-28-55 NAME OF CEMETERY OR CREMATORY Spring Grove State Hosp LOCATION (City, town, or county) Catonsville 28 (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-28-55 REGISTRAR'S SIGNATURE V.E. Harry 24. FUNERAL DIRECTOR Spring Grove State Hosp. Cat. 28, Md. ADDRESS

RECEIVED
MAR 3 19[illegible]
BUREAU No.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01373

1390

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto CATONSVILLE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burial. Catonsville
LENGTH OF STAY (in this place) 24 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dogwood Rd COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
STREET ADDRESS (If rural give location) 5743 Edmondson Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E (Last) Ritter

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: Nov 14. 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dairy Farm

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas H. Ritter

14. MOTHER'S MAIDEN NAME: Rachel M. Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Florence H. Ritter, Dogwood Rd. Balto 7.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 450.0 (a) Coronary Occlusion — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Asthma

DUE TO

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1955, to Feb 6, 1955, that I last saw the deceased alive on Feb 6, 1955, and that death occurred at 9:20 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Thos F Ritter ADDRESS 4509 Liberty Heights Ave DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/9/55 NAME OF CEMETERY OR CREMATORY Good Shepherd Cem LOCATION (City, town, or county) (State) Howard Co MD

DATE REC'D BY LOCAL REGISTRAR 2-8-55 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR ADDRESS Charles P. Lowell 6411 Windsor Mill Rd

Dr. T. G. Abbott
4509 Liberty, Hyde Ave
Li 2. – 0286.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01374

1261

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 Valethorpe; LENGTH OF STAY (in this place) 15 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 4607 Ridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valethorpe; STREET ADDRESS (If rural give location) 4607 Ridge Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) MARTIN EDWARD ROHRBACK

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 19, 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower | 8. DATE OF BIRTH: 7-27-1867 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor-Homes & Ind. Buildings | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Father Rohrback | 14. MOTHER'S MAIDEN NAME: Cordelia Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS J. W. Rohrback 822 Unetta Ave. Baltimore-29, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443X (A) Cirrhosis of Liver

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Terminal Uremia DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1 ..., 1954, to 2/19..., 1955, that I last saw the deceased alive on 2/19..., 1955, and that death occurred at 7:05 P M, from the causes and on the date stated above.

SIGNATURE J. C. Pace M.D. M. D. | ADDRESS Valethorpe Md | DATE SIGNED 2/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-22-55 | NAME OF CEMETERY OR CREMATORY Western Cemetery | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Feb 23 55 | REGISTRAR'S SIGNATURE D. Kieffer | 24. FUNERAL DIRECTOR Easton Sons | ADDRESS Catonsville, Md.

01375

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1391 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ecclestone; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rainbow Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ecclestone; STREET ADDRESS (If rural give location) Rainbow Hall

3. NAME OF DECEASED. (Type or Print) (First) ~~Rosenberg~~ Henry (Middle) A (Last) Rosenberg

4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH:

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive

10B. KIND OF BUSINESS OR INDUSTRY: Oil

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abraham F. Rosenberg

14. MOTHER'S MAIDEN NAME: Jennie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Ruth Rosenberg — Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1944 to Feb 23, 1955, that I last saw the deceased alive on Feb 23, 1955, and that death occurred at 1:30 AM, from the causes and on the date stated above.

SIGNATURE Alan Bernstein M. D. ADDRESS 1109 N Calvert St (C) DATE SIGNED 2/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-25-1955 | NAME OF CEMETERY OR CREMATORY Chub Shalom | LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-24-55 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Place

01376

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1392

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville. LENGTH OF STAY (in this place) 4 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 48 N. Prospect Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Linebora. X
STREET ADDRESS (If rural give location) Hoffmanville.

3. NAME OF DECEASED: (First) Charles (Middle) (Last) Rother.

4. DATE OF DEATH: (Month) Febr. (Day) 8, (Year) 1955.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married. | 8. DATE OF BIRTH: March 26, 1881 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bridge Carpenter | 10B. KIND OF BUSINESS OR INDUSTRY: Railroad. | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Christopher Rother | 14. MOTHER'S MAIDEN NAME: Agnes Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs. Kathryn A. Krug - 48 N. Prospect Ave Catonsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1st X

IMMEDIATE CAUSE (A) Cancer, Bladder — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5/1/41 | 19B. MAJOR FINDINGS OF OPERATION: Cancer Bladder (Johns Hopkins) | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1955, to Feb 8, 1955, that I last saw the deceased alive on Feb 8, 1955, and that death occurred at 11:00 P. M, from the causes and on the date stated above.

SIGNATURE C. J. Mendelis M. D. ADDRESS 651 N Zeutalon St DATE SIGNED 2/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial. | DATE THEREOF: Febr. 11, 1955 | NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery, | LOCATION (City, town, or county) (State): Millers, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 2-9-55 | REGISTRAR'S SIGNATURE: V. E. Harry | 24. FUNERAL DIRECTOR: Jacob Hortenstein, | ADDRESS: New Freedom, Pa

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
FEB 11 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01377

1393 **CERTIFICATE OF DEATH** Reg. Dist. No. 3

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 27 N. Carey Street

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) L. (Last) Ruckle

4. DATE OF DEATH: (Month) February (Day) 4, (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced | 8. DATE OF BIRTH: 11-10-1868 | 9. AGE last birthday 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William L. Ruckle

14. MOTHER'S MAIDEN NAME: Mary Snoeckler Roxelle Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardiovascular disease DUE TO — Years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4-53, to 2-4-55, that I last saw the deceased alive on 2-4-55, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE S. Wallace M. D. ADDRESS Spring Grove State Hosp. Catonsville 28 Maryland DATE SIGNED 2-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 7/55	Mt. Olivet	Balto

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-7-55	A. W. Hedrick	Young Byers	5005 Park Ave

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Memo

1253 Item 7, Film G178 3-4-55 et

01378

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Dundalk 27 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bendix Radio Plant #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk Balto #24
STREET ADDRESS (If rural, give location) 7016 Eastbrook ave.

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (Last) Ruggiero.
4. DATE OF DEATH (Month) Feby (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov 4/1896	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machine Shipper	Bendix Radio Mfg	Aviola-Benevento (Italy)	U.S.A.

13. FATHER'S NAME: Lorenzo Ruggiero
14. MOTHER'S MAIDEN NAME: Catherine Napolitano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	1st W.W.	097-09-8569	Catherine Ruggiero 7016 EastBrook Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF DEATH	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Feby 24 55 3:15 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M. Marmine M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 28/55	Holy Redeemer Cemetery	4430 Belair Rd. Balt. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 25, 1955	C. W. Diedrich	Frank Della Rocca	322 S. High St.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01379

1394 **CERTIFICATE OF DEATH** Reg. Dist. No. 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ...ses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 539 S. 45th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dundalk P.O.
STREET ADDRESS (If rural, give location) 539 S. 45th St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Edward Sauer	Feb. 25 1955	M.	W.	Married	Aug. 13 1874	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	Ind. Retired	Baltimore City	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Sauer	Christine Lang.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wnr or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Carrietta Sauer Aban

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Generalized Carcinomatosis	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Malignancy of Prostate	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948 to Feb 25, 1955, that I last saw the deceased alive on Feb 25, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Morris A. Jacobs	MD	1010 North Point Rd.	2/26/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 28-55	Oak Lawn	Eastern Blvd. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-28-55	D. W. Kidwell	John S. Connelly	Eson

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01380

1395 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): 5 TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 600 ALLEGHENY AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON 55
STREET ADDRESS (If rural give location): 600 ALLEGHENY AVENUE

3. NAME OF DECEASED: (Type or Print) (First) ELLEN (Middle) (Last) SCANNELL

4. DATE OF DEATH: (Month) FEB. (Day) 21, (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): W

8. DATE OF BIRTH: MAY 15, 1869

9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MARTIN LYNCH

14. MOTHER'S MAIDEN NAME: BRIDGETT ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. BEAVEN, 600 ALLEGHENY AVE. TOWSON 4, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.1 — (a) Congestive Cardiac failure — Interval Between Onset And Death: 1wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Myocardial insuff. - Arteriosclerosis — year
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1936, to 21 Feb. 1955, that I last saw the deceased alive on 20 Feb. 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Quinn M.D. 4 York Road Towson 4 Md. 23 Feb. 1955

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: FEB. 24, 1955
NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL CEM.
LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR: Feb. 24, 1955
REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: JOHN BURNS' SONS, TOWSON, MD.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01381

1396

CERTIFICATE OF DEATH

Reg. Dist. No. 3 f

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 Burke Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 5
STREET ADDRESS (If rural give location) 45 Burke Avenue #4

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mrs. Anthony Wilhelmina Schaefer

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 21st 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: April 22, 1874
9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Schwarzenberg
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs George H. Schwarz, 45 Burke Avenue #4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C) Generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30 1955 to 2/21 1955, that I last saw the deceased alive on 2/18 1955 and that death occurred at 6 PM, from the causes and on the date stated above.
SIGNATURE, M. D. [signature] ADDRESS 8402 Greenwood Rd DATE SIGNED 2/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Feb 24 1955
NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-23-55
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road #14

Dr. Pratt
8402 Greenway Ave.
VA 3 6816
Till 11 AM

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01382

1397 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Dumbarton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 55
STREET ADDRESS (If rural give location) 207 Dumbarton Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Rose P. (Last) Schussler
4. DATE OF DEATH: (Month) February (Day) 1st (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Sept. 16, 1876	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Travers
14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Arthur Ziegler, 207 Dumbarton Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinoma Tonsil
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Carcinoma of Descending Colon DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 55, to Feb. 1, 19 55, that I last saw the deceased alive on Feb. 1, 19 55, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

SIGNATURE Laurence C. Koch M.D., M.D. ADDRESS 6805 York Rd DATE SIGNED 2/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 4, 1955	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2-7-55	C. W. Hedrick M.D.	Leonard J. Ruck, 5305 Harford Road #14

Dr. Lawrence C. Post
6805 York Road

Please call us when ready. HA 6 1460

L. J. Ruck.

01383

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1398

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Dogwood Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 43 Dogwood Drive

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Virginia (Last) Schweibert

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: April 21-1908 | 9. AGE last birthday: 46 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Real Estate | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [redacted] H Burnett | 14. MOTHER'S MAIDEN NAME: Nora [redacted]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 219-14-1432 | 17. INFORMANT & ADDRESS: Leroy P Schweibert same.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Metastasis to Left Lung. — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Cancer of Breast left — 10 Months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4/1/54 | 19B. MAJOR FINDINGS OF OPERATION: Cancer of left Breast | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Feb 16, 1955, that I last saw the deceased alive on Feb 16, 1955, and that death occurred at 5p M, from the causes and on the date stated above.

SIGNATURE Egbert H. Mortimer M.D. ADDRESS 2706 St Paul St Balto 18. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-19-55 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) Balto Co (State)

DATE REC'D BY LOCAL REGISTRAR 2/17/55 | REGISTRAR'S SIGNATURE A. W. Hedrick | FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

1399

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01384

Reg. Dist. No. 35

1. PLACE OF DEATH
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 323 Lennox Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON.
STREET ADDRESS (If rural, give location) 323 LENNOX AVE.

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) (Last) Scott

4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1955

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 6, 1894

9. AGE last birthday 60 yrs.

If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Garrett Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo. Johnson

14. MOTHER'S MAIDEN NAME Rebecca Vines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Geo. Scott. 323 Lennox Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Renal Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

3yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Feb 4, 1955, that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis A. Johnson MD 201-E 22nd St. Baltimore Md. 2/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/9/55

NAME OF CEMETERY OR CREMATORY Pleasant Rest

LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REG. 2-9-55

REGISTRAR'S SIGNATURE W. Hedrick

24. FUNERAL DIRECTOR Wm. T. Custard

ADDRESS 1201 N. Gilmor St. Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01385

1400 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) one year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 S.G.S.H.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 3115 Orchard Ave. - 14

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Edw. (Last) Shanklin

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W | 8. DATE OF BIRTH: 3-14-77 | 9. AGE last birthday 77 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd Street Car Driver

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Shanklin

14. MOTHER'S MAIDEN NAME: Sarah Goss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mr. Hurbert Shanklin - 3115 Orchard Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Coronary Thrombosis	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Arteriosclerotic C-V. Disease	1 year
DUE TO	(C) Generalized arteriosclerosis	Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-13 ..., 1955, to 2-2 ..., 1955, that I last saw the deceased alive on 2-2 ..., 1955, and that death occurred at 9 p.m., from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M.D. 565 St DATE SIGNED 2-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-7-1955 | NAME OF CEMETERY OR CREMATORY Parkwood Mem. | LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-4-55 | REGISTRAR'S SIGNATURE A. E. Hedrick | 24. FUNERAL DIRECTOR Leonard J. Luck | ADDRESS 5305 Hayford

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01386

CERTIFICATE OF DEATH

1401

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
MARYLAND LENGTH OF STAY (in this place) 11 Hrs. 45 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location) Queenstown, Md.

3. NAME OF DECEASED: (Type or Print) (First) MERTON (Middle) R. (Last) SHAWN

4. DATE OF DEATH: (Month) February (Day) 6, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4/1/97

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Queen Anne, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME: Harry D. Shawn

14. MOTHER'S MAIDEN NAME: Mary E. Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 410X
(A) CONGESTIVE HEART FAILURE — 3 DAYS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(B) RHEUMATIC HEART DISEASE WITH MITRAL INSUFFICIENCY — 3 YEARS
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Feb. 5, 1955 to Feb. 6, 1955 that I last saw the deceased alive on Feb. 5, 1955 and that death occurred at 12:15 A. M., from the causes and on the date stated above.

SIGNATURE Charles R. DuGan
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 2/6/55

CHARLES R. DuGAN, M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb. 9 1955
NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery
LOCATION (City, town, or county) Centreville, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR FEB 6 - 10
REGISTRAR Doreen Carter Huntingtown Maryland

24. FUNERAL DIRECTOR Barton Brothers Funeral Home
ADDRESS Centreville, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01387

CERTIFICATE OF DEATH

f 1402 Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X LODGE FOREST
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY DORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GOLDEN HILL C4X 2.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ANN (Last) SHENTON
4. DATE OF DEATH: (Month) FEB. (Day) 10, (Year) 19 55.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	MAY 9, 1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
RETIRED	HOUSE WORK,	GOLDEN HILL, MD.	U.S.A.

13. FATHER'S NAME: JOHN A. DUNNOCK
14. MOTHER'S MAIDEN NAME: MARY JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO-	—	MARY J. KUHL 6 S. HIGHLAND AVE. BALTO 24 MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
151X Immediate cause	(a) Generalized Arteriosclerosis	1½ yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carcinoma Stomach	3 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar. 31, 19.54, to Feb. 10, 19.55, that I last saw the deceased alive on Feb. 10, 19.55, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE James T. Means (DEGREE OR TITLE) M. D. ADDRESS 520 D. ST. Balto 19 DATE SIGNED 2/10/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-12-55.	ST. MARY'S CEMETERY	DORCESTER, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	M. FUNERAL DIRECTOR.	ADDRESS
2/10/55	A W Hedrick	Charles L. Geiler	901 S. CONKLING ST. BALTO., 24, MD.

JCL

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01388

CERTIFICATE OF DEATH

Reg. Dist. No. 1403

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #225 Milford Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover Pa
STREET ADDRESS (If rural give location) 271 Frederick St

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) - (Last) SHERMAN

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Scherr
14. MOTHER'S MAIDEN NAME: Minnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Morris Sherman - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Carcinoma of the rectum
ANTECEDENT CAUSE (S) DUE TO (B) with metastases to femur and kidneys
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 6 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1954, to Feb. 14, 1955; that I last saw the deceased alive on Feb. 14, 1955, and that death occurred at 2:20 P.M., from the causes and on the date stated above.
SIGNATURE Louis Litchman M.D. ADDRESS 2933 N. Charles St DATE SIGNED Feb 15, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2-16-55
NAME OF CEMETERY OR CREMATORY: Arlington
LOCATION (City, town or county): Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR: 2-16-55
REGISTRAR'S SIGNATURE: Hedwig A. Hedwig Dep Reg
24. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS 2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01389

1404 CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Raspeburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8215 Philadelphia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Raspeburg X
STREET ADDRESS (If rural give location) 8215 Philadelphia Rd.

3. NAME OF DECEASED: (First) IDA (Middle) E. (Last) SHORES
4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8 DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Mar. 16, 1870	84 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Md.	

13. FATHER'S NAME: William Baker
14. MOTHER'S MAIDEN NAME: Mary Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.
—		

17. INFORMANT & ADDRESS: Mrs. George F. Hauser-8215 Philadelphia Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerosis — ?
DUE TO
ANTECEDENT CAUSE (B)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1943, to Feb 23 .., 1955, that I last saw the deceased alive on Feb . 1955., and that death occurred at 1.P. M, from the causes and on the date stated above.

SIGNATURE Victor Gadberg M. D. ADDRESS 1916 E. 30th St DATE SIGNED Feb. 26, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/28/55	Dames Quarter	Dames Quarter, Md.

DATE REC'D BY LOCAL REGISTRAR February 26 1955 | REGISTRAR'S SIGNATURE R.W | 24. FUNERAL DIRECTOR Wm. J. Pickens & Sons. ADDRESS Balto 17 Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

01390

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

• 1405 **CERTIFICATE OF DEATH** Reg. Dist. No. (.....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 18 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) Calvert Street, Mt. Royal Hotel

3. NAME OF DECEASED: (First) EDWARD (Middle) J. (Last) SKELLEY

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: July 1, 1895

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Marine

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Passaic, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Skelley

14. MOTHER'S MAIDEN NAME: Mary MN Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 216-32-1096

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY ARTERY THROMBOSIS, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. GASTRIC CARCINOMA — UNKNOWN; BRONCHIECTASIS — UNKNOWN

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 6, 1955, to Feb. 23, 1955, and that death occurred at 10:10 PM, from the causes and on the date stated above.

SIGNATURE AND ADDRESS: FRANCIS G. DICKEY, M.D. Chief, Medical Service V.A.H., Fort Howard, Md. DATE SIGNED: 2-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Feb 28/1955; NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery; LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS: Wm. Cook-Bright Inc. Funeral Home, 6009 Harford Road, Baltimore 14, Md.

01391

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1406 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RANDALLSTOWN
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RANDALLSTOWN X
STREET ADDRESS (If rural give location) Church Road 1

3. NAME OF DECEASED. (Type or Print) (First) Raymond (Middle) John (Last) Slert

4. DATE OF DEATH: (Month) 2-14 (Day) (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 2-15-1916

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookbinder

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Slert

14. MOTHER'S MAIDEN NAME: Mary C. France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) #2

16. SOCIAL SECURITY NO. 215-01-3470

17. INFORMANT & ADDRESS: Lola Mae Weller Slert Randallstown

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-20-1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension — 6 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gastric Ulcer — 14 yr.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Feb. 14th, 1955, that I last saw the deceased alive on Feb. 14th, 1955, and that death occurred at 1:30 A.M, from the causes and on the date stated above.

SIGNATURE James R. Miller M.D. ADDRESS M.D. Pikesville, Md DATE SIGNED 2/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-16-55

NAME OF CEMETERY OR CREMATORY Orwid Ridge

LOCATION (City, town, or county) (State) Pikesville Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 15

REGISTRAR'S SIGNATURE Dorothy A. Newell

24. FUNERAL DIRECTOR Francis H. Murrell ADDRESS Pikesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1407

CERTIFICATE OF DEATH

01392

Reg. Dist. No. 7X

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 27 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1026 N. Eden Street

3. NAME OF DECEASED (Type or Print): (First) DENIS (Middle) (NMI) (Last) SMITH

4. DATE OF DEATH: (Month) February (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9/7/88

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10B. KIND OF BUSINESS OR INDUSTRY: Private Club

11. BIRTHPLACE (State or foreign country): Wellwater, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Smith

14. MOTHER'S MAIDEN NAME: Harriett Dair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: STATUS POST OPERATIVE TRANSURETHRAL RESECTION FOR BENIGH PROSTATIC HYPERTROPHY.

19A. DATE OF OPERATION: 1-25-55

19B. MAJOR FINDINGS OF OPERATION: Transurethral resection

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.12, , 1955, to Feb.8, , 1955, that I last saw the deceased alive on January 12, 1955 and that death occurred at 8:00 P M, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller — ADDRESS — DATE SIGNED

JOSEPH M. MILLER, M.D., CHIEF, SURG.SERV. M. D. VAH, FORT HOWARD, MARYLAND

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2-14-1955

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-14-55

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Randolph J. Collick

ADDRESS: 1412 E. Preston St Balto.13, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

1254

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01393

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6767 Woodley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk (21)
STREET ADDRESS (If rural, give location) 6767 Woodley Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Leo (Last) Staley
4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 8, 1894
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heater - Open Hearth
10b. KIND OF BUSINESS OR INDUSTRY: Steel Mfgr.
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Staley
14. MOTHER'S MAIDEN NAME: Catharine McCarthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-09-3903
17. INFORMANT: John C. Staley -- Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 yrs
Immediate cause (a) Coronary Occlusion — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No other known

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ ~~Inquiry~~ ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. [illegible] Dundalk, Md. 2/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/11/1955
NAME OF CEMETERY OR CREMATORY: Sacred Heart
LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG.: Feb 10-1955
REGISTRAR'S SIGNATURE: William M. Trice
24. FUNERAL DIRECTOR, ADDRESS: Curtis Bay Funeral Service, Hyde

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01394

CERTIFICATE OF DEATH

Reg. Dist. No. 1408

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Towson, Baltimore County MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; LENGTH OF STAY (in this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hospital Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V 1-4; STREET ADDRESS (If rural give location) 2001 Park Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Starr

4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: December 17, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months 2 Days 11; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown Benjamin F. Starr

14. MOTHER'S MAIDEN NAME: Unknown Mary E. Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Henry Sharpless 4832 Keswick Road

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
5501 Immediate cause	(a) Peritonitis	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Appendicitis	"
	DUE TO (c) Generalized arteriosclerosis	5 yrs +
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile dementia	"

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1949, to Feb. 28, 1955, that I last saw the deceased alive on Feb. 28, 1955 and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. McElgin, M.D. ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4, Md DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF March 3, 1955; NAME OF CEMETERY OR CREMATORY Friends Cemetery; LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 3/3/55; REGISTRAR'S SIGNATURE A. W. Kedrick M.D.

24. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons Inc., 1900 Eutaw Pl.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01395

CERTIFICATE OF DEATH

1409 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Milford
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3621 Sussex Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Milford
STREET ADDRESS (If rural give location) 3621 Sussex Road

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) R. (Last) STEVENS

4. DATE OF DEATH: (Month) Feb. 6, (Day) (Year) 19 55

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Dec. 29, 1888 | 9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist
10B. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown Stevens
14. MOTHER'S MAIDEN NAME: Irene (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes
(If Yes, give war or dates of service) World War No. 1
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Milford, Md. Mrs. Anna Marie Stevens-3621 Sussex Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Hypertension Cardio Vas Disease - yrs
(C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ., 1955, to Feb 6, 1955, that I last saw the deceased alive on Feb 6, 1955, and that death occurred at 3 30 M, from the causes and on the date stated above.
SIGNATURE & M.D. Chas F Abbott — ADDRESS 4509 Liberty Heights Ave — DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/9/55 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. | LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 2-9-55 | REGISTRAR'S SIGNATURE [illegible] Deputy | 24. FUNERAL DIRECTOR Wm. J. Vickers & Sons | ADDRESS Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01396

38

1410 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rogers Forge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Murdock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge
STREET ADDRESS (If rural give location) 209 Murdock Rd.

3. NAME OF DECEASED: (First) JOHN (Middle) FRY (Last) STEVENSON

4. DATE OF DEATH: (Month) Feb. (Day) 27, (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 24, 1880
9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Estimator
10B. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emory Stevenson
14. MOTHER'S MAIDEN NAME: Elizabeth Fry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes
(If Yes, give war or dates of service) Sp. Am.
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Elia. S. Deibel-238 Seneca Ave.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Coronary occlusion	Immediate
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Chronic bronchitis and emphysema	5 to
	DUE TO (C)	6 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

Dr. Milton Kress

22. I hereby certify that I attended the deceased from 7/6/, 1949 to 2/27., 1955, that I last saw the deceased alive on 2/26/, 1955, and that death occurred at 11 AM, from the causes and on the date stated above.

SIGNATURE Harry Deibel M. D. ADDRESS 1226 Hanover St. DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/2/55
NAME OF CEMETERY OR CREMATORY lorraine Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 3/1/55
REGISTRAR'S SIGNATURE C. M. Hedrick
24. FUNERAL DIRECTOR Wm. J. Pickens & Son ADDRESS Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0)1397

1411

CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (In this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE Hospital 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE X
STREET ADDRESS (If rural give location) 830 BRAESIDE Rd. 1

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) A (Last) STEWART

4. DATE OF DEATH: (Month) (Day) (Year) 2-26-1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1868/6/18

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTO.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robt. L. Foote

14. MOTHER'S MAIDEN NAME: Kristina Freond.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: REGINA KENNEDY 830 BRAESIDE RD (29)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 422.1	(A) Terminal pneumonia	4 days
ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Pulmonary thrombosis & Infarction	4 days
	DUE TO (C) Arteriosclerotic cardiovascular disease	years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23-, 1953 to 2-26-, 1955, that I last saw the deceased alive on 2-26-, 1955, and that death occurred at 1:40 A M, from the causes and on the date stated above.

SIGNATURE Harold E. Edwards M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 2-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) B. | DATE THEREOF 3-1-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REGISTRAR 2-28-55 | REGISTRAR'S SIGNATURE A.W. Hedrick Asst. | 24. FUNERAL DIRECTOR Jas L. McCleary ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1412 01398

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard; LENGTH OF STAY (in this place) 28 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie 02X-2; STREET ADDRESS (If rural give location) #8 2nd Avenue S. W.

3. NAME OF DECEASED. (Type or Print) (First) WILLIAM (Middle) W. (Last) STINCHCOMB

4. DATE OF DEATH. (Month) February (Day) 7, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: October 8, 1890

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (ret) Joe Groh, Cont.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George B. Stinchcomb

14. MOTHER'S MAIDEN NAME: Eleanor MN: Waring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 2-17-03-[illegible]

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp.Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1955, to Feb. 7, 1955, and that death occurred at 10:15 AM, from the causes and on the date stated above.

SIGNATURE William B. VandeGrift, M.D. ADDRESS M. D. VAH, Fort Howard, Md. DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 2/10/55; NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery; LOCATION (City, town, or county) (State) Anne Arundel County, Maryland

DATE REC'D BY LOCAL REGISTRAR Feb 10, 1955; REGISTRAR'S SIGNATURE Dawson Parker

24. FUNERAL DIRECTOR ADDRESS Thomas Singleton Funeral Home 200 Crain Highway, Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01399

CERTIFICATE OF DEATH

1413 Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rodgers Forge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 203 Rodgers Forge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rodgers Forge
STREET ADDRESS (If rural, give location): 203 Rodgers Forge Road

3. NAME OF DECEASED: (Type or Print) (First) Halbert (Middle) Morris (Last) Stoker

4. DATE OF DEATH: (Month) Feb. (Day) 14, (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 13, 1892

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Mgr. Insurance office

11. BIRTHPLACE (State or foreign country): St. Michaels, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Stoker

14. MOTHER'S MAIDEN NAME: ELLA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Emily C. Stoker 203 Rodgers Forge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval between Onset and Death)

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10 19 55, to Feb 14 19 55, that I last saw the deceased alive on Feb 9, 1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John A Graham M.D. 4722 Edmondson Ave Balto 29 2/16/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 17, 1955 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Parkville, Md.

DATE REC'D BY LOCAL REG.: 2/16/55 — REGISTRAR'S SIGNATURE: G W Fredrich

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons Inc. 1900 Eutaw Place

SCL

4722

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01400

1414

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgeway Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
   STREET ADDRESS (If rural give location): 811 McKean Ave.

3. NAME OF DECEASED: (Type or Print) (First) JANE (Middle) RIDDELL (Last) STRATTON

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Oct. 3, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ? Riddell

14. MOTHER'S MAIDEN NAME: ?? (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Alexander Stratton, 811 McKean Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senile Debility

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Generalized Arteriosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ., 1950, to Feb. 2, 1955, that I last saw the deceased alive on Jan. 1, 1955, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE Thos. J. McMorrow M.D. ADDRESS 4509 Liberty Heights DATE SIGNED 2-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 2/5/55 | NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-3-55 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Wm. J. Nichols & Sons | ADDRESS: Balto 17 Md

1415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01401

CERTIFICATE OF DEATH

Reg. Dist. No. 38

Baltimore County

1. PLACE OF DEATH: COUNTY 9136 HART [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9136 Harford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 9136 Harford Rd

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) Feb (Day) 2nd (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: 70 yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, Lungs — Interval Between Onset and Death: about 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1954, to Feb 2, 1955, that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. M. Bacon, M.D. 2810 Taylor Ave 2/2/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Feb 5, 1955

NAME OF CEMETERY OR CREMATORY: Mirla Memorial Park

LOCATION (City, town, or county) (State): Taylor Ave Md

DATE REC'D BY LOCAL REG. 2/2/55

REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1262 CERTIFICATE OF DEATH

Reg. Dist. No. 014024

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
LENGTH OF STAY (in this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4705 Aldgate Green-Westland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus 51
STREET ADDRESS (If rural give location) 4705 Aldgate Green - Westland Gardens

3. NAME OF DECEASED: (First) Kathryn (Middle) N. (Last) Sutton
4. DATE OF DEATH: (Month) Feb. (Day) 19, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 27, 1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia (Harne)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Milenko
14. MOTHER'S MAIDEN NAME: Zena Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 368-16-4176
17. INFORMANT & ADDRESS: Mr. Peter Bockman -- 4705 Aldgate Green

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

-24X
IMMEDIATE CAUSE (A) Essential hypertension — INTERVAL BETWEEN ONSET AND DEATH: 4 days
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cirdet Hemiplegia — 1 day
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18-55 to 2-19-55 that I last saw the deceased alive on 2-19, 1955, and that death occurred at 9:00 P. M, from the causes and on the date stated above.
SIGNATURE Benjamin Willis M.D. ADDRESS 20 30 Wilkens Ave DATE SIGNED 2/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: Feb. 20 1955
NAME OF CEMETERY OR CREMATORY: Bristol
LOCATION (City, town, or county) (State): Flint Township Mich.

DATE REC'D BY LOCAL REGISTRAR: FEB 20 1955
REGISTRAR'S SIGNATURE: H. Earl Thrasher Registrar in Flint Township
24. FUNERAL DIRECTOR: Wm. J. Lickman & Sons. ADDRESS: Balto. Md

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01403

1416 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural give location) 74 Cedar Ave.

3. NAME OF DECEASED: (First) HENRY (Middle) S. (Last) SWEENY

4. DATE OF DEATH: (Month) Feb. (Day) 22, (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: March 3, 1884

9. AGE last birthday: 70 yrs. (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Atty.

10B. KIND OF BUSINESS OR INDUSTRY: law

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles P. Sweeny

14. MOTHER'S MAIDEN NAME: Emily Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War

16. SOCIAL SECURITY NO. I - 362-28-1800A

17. INFORMANT & ADDRESS: Mrs. Martha S. Sweeny - 74 Cedar Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

IMMEDIATE CAUSE (A) Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, arterial

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1953 to Feb 22, 1955, that I last saw the deceased alive on Feb 22, 1955, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

SIGNATURE William G Stefrech M. D. ADDRESS 5006 Roland Ave Balto 10 DATE SIGNED 2/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 2/23/55 — NAME OF CEMETERY OR CREMATORY Cold Spring Cem. — LOCATION (City, town, or county) Cape May. N.J. (State)

DATE REC'D BY LOCAL REGISTRAR 2-23-55 — REGISTRAR'S SIGNATURE C W Hearn — FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 01404

1417

CERTIFICATE OF DEATH

Reg. Dist. No. 32

Item 6, FilmC178 3-8-55 et

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Wilson
LENGTH OF STAY (in this place) 79 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wimico - 23-1
STREET ADDRESS (If rural, give location) 112 Vale St Hill St Wimico Salisbury Md

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) SWIFT

4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 3-8-1889

9. AGE last birthday 65 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Mill

10B. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Upshur Swift

14. MOTHER'S MAIDEN NAME: Charity Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. 2122 5-5-53

17. INFORMANT'S ADDRESS: Mrs Lotie Bonneville (Sister) Mt Rio Station Maryland
James Swift (Son) 429 Priscilla St Salisbury Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cec X DUE TO For Advanced Pulmonary Tubercu. — INTERVAL BETWEEN ONSET AND DEATH Appx 5 years

ANTECEDENT CAUSE (S) (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26 1955, to 2-28 1955, that I last saw the deceased alive on 2-27 1955, and that death occurred at 6:45 p.m. M, from the causes and on the date stated above.

SIGNATURE William Newcomer ADDRESS WM. NEWCOMER, M.D. Mt. Wilson, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Mar. 3 1955 — NAME OF CEMETERY OR CREMATORY Rehoboth Baptist Cem. — LOCATION (City, town, or county) (State) Rehoboth - Somerset - Md.

DATE REC'D BY LOCAL REGISTRAR 2-27-55 — REGISTRAR'S SIGNATURE Dorothy A. Revell

24. FUNERAL DIRECTOR — ADDRESS Brockbank & Son - Crisfield, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 3 1955
BUREAU V. S.

(2) 1418

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01405

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL BALTO. — LENGTH OF STAY (in this place): 3 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7916 Rolling View Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore SVC 1-4
   STREET ADDRESS (If rural, give location): 224 S. Hilton St

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) Elizabeth (Last) THAL

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 1. 1883

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Griffith

14. MOTHER'S MAIDEN NAME: Jennie Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wm. E. Thal. 7916 Rolling View Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrage — Interval Between Onset and Death: 3½ wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardiovascular Disease — Known Several yrs.
(c) Generalized arteriosclerosis — Known Several yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES Mellitus; Cardiac failure — 1 yr; & 3 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Feb., 1955, to 20 Feb, 1955, that I last saw the deceased alive on 18 Feb, 1955, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE: John C. Hyle — (Degree or title): MD. — ADDRESS: 7527 Belair Rd Balto 6 Md — DATE SIGNED: 2-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 23/55 — NAME OF CEMETERY OR CREMATORY: Lorraine Pk. — LOCATION (City, town, or county) (State): Woodlawn, Md

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Harry A. Witzke — ADDRESS: 1101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01406

• 1419 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 619 Meyers Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 619 Meyers Drive

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) JOSEPH MICHAEL THOMEY

4. DATE OF DEATH: (Month) (Day) (Year) 2-28-1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-8-1874
9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: County Road Dept.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Thomey
14. MOTHER'S MAIDEN NAME: Elizabeth Brougy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Teresa Thomey 619 Meyers Dr. Catonsville-28, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Pneumonia Terminal Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardio Vascular Disease & — NOV. 1952

DUE TO (C) Decompensation

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952 to 2-28, 1955, that I last saw the deceased alive on 2-28, 1955, and that death occurred at 8:20 P. M, from the causes and on the date stated above.

SIGNATURE Elliott W. Johnson
ADDRESS M. D. 8432 Dundalk Ave.
DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial
DATE THEREOF 3-3-55
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 3-1-55
REGISTRAR'S SIGNATURE T. E. Harvey
24. FUNERAL DIRECTOR ADDRESS Easton Sons Catonsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01407

* 1420

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Items 7,8,14 Filed 77 2-16-55 ET

1. PLACE OF DEATH:
COUNTY Baltimore. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 19 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace (near)
STREET ADDRESS (If rural give location) Star Route Golden Plain Farm

3. NAME OF DECEASED: (Type or Print) (First) CRICKETT (Middle) S (Last) TUBBS.

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1955

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: (Month) Feb (Day) 22, (Year) 1866

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas, U.S.A.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry Still

14. MOTHER'S MAIDEN NAME: Louise Neuckham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. (?)

17. INFORMANT & ADDRESS: Bonnie T. Watts. Star Route Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senility

ANTECEDENT CAUSE (S) DUE TO (B) Generalized Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C) Cardiac failure, gr. IV

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1953 to Feb 6, 1955, that I last saw the deceased alive on Feb 6, 1955, and that death occurred at 5 A. M, from the causes and on the date stated above.

SIGNATURE Spring Grove Hospital Catonsville Md. ADDRESS H. Corum M.D. DATE SIGNED 2/6/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 8, 1955

NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery

LOCATION (City, town, or county) Harford County Md (State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01408

1421

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore · 19 MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.; LENGTH OF STAY (in this place) 26yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.10. Box 44. Millers Island Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY ?; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MC; STREET ADDRESS (If rural give location) # 1.

3. NAME OF DECEASED: (First) GEORGE (Middle) EDWARD (Last) WALKER.

4. DATE OF DEATH: (Month) FEB. (Day) 14 (Year) 1955

5. SEX: Male. 6. COLOR OR RACE: White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married. 8. DATE OF BIRTH: Jan 11. 1886. 9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Store Keeper. 10b. KIND OF BUSINESS OR INDUSTRY: Grocery. 11. BIRTHPLACE (State or foreign country): Balto. md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Walker. 14. MOTHER'S MAIDEN NAME: Elizabeth. Mean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service). 16. SOCIAL SECURITY NO.: 218-12-7455. 17. INFORMANT & ADDRESS: Anna Walker. address as ie #1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary oedema.	Sudden
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Bronchopneumonia.	4 days.
DUE TO		
	(c) Bronchial asthma & bronchiectasis	12 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 29, to Feb 14, 19 55 that I last saw the deceased alive on Feb 13 19 55 and that death occurred at 6:45A, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Tollin. M.D. 6408 N. Pt. Rd. Balto 19 Feb. 14/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL. DATE THEREOF Feb. 17 1955. NAME OF CEMETERY OR CREMATORY BALTIMORE CEM. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 2-15-55. REGISTRAR'S SIGNATURE G. N. Hebrid Jr ✓. 24. FUNERAL DIRECTOR Wm Cook-Blight, Inc. ADDRESS 6009 HARFORD Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1422

CERTIFICATE OF DEATH

01410

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 8100 PHILADELPHIA ROAD

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (NMI) (Last) WALTER

4. DATE OF DEATH: (Month) FEBRUARY (Day) 25 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH. 6/3/88

9. AGE last birthday 66 yrs
IF UNDER 1 YEAR, Months / Days
IF UNDER 24 HRS., Hours / Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: BRICK YARD

11. BIRTHPLACE (State or foreign country): ROSEDALE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB WALTER

14. MOTHER'S MAIDEN NAME: LIZZIE HATLEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 216-10-0881

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) CARCINOMA OF LUNG — INTERVAL BETWEEN ONSET AND DEATH: 5 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that X VA attended the deceased from FEB. 14, 1955, to FEB. 25, 1955, [illegible] and that death occurred at 10:15PM, from the causes and on the date stated above.

SIGNATURE WINSTON C. DUDLEY, M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 2/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 2/27/55

NAME OF CEMETERY OR CREMATORY MOUNT ZION CEMETERY

LOCATION (City, town, or county) (State) STEMMERS RUN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 2-28-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR LASSAHN FUNERAL HOME

ADDRESS 7401 Belair Road Baltimore, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1423 7, ril cl79 3-18-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Mg 1 B 09

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sparks
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wheeler Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Stevenson
STREET ADDRESS (If rural, give location) Halcyon Road

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) RALPH (Last) WILHELM

4. DATE OF DEATH (Month) Feb. (Day) 20 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-9-1929

9. AGE last birthday: ~~25~~ 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Vice pres.

10b. KIND OF BUSINESS OR INDUSTRY: Precision metal Co.

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry G. Wilhelm

14. MOTHER'S MAIDEN NAME: Elizabeth Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) National Guard

16. SOCIAL SECURITY NO.: 212-30-1123

17. INFORMANT & ADDRESS: Elizabeth Wilhelm - Stevenson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
173.1 Immediate cause	(a)	Asphyxiation due to carbon monoxide poisoning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ ~~CAUSE OF~~ DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY car

21c. (City or town) Sparks (Wheeler Lane) (County) Baltimore (State) Maryland

21d. TIME (Month) OF (Found) INJURY Feb. (Day) 20, (Year) 1955 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Inhaled exhaust from automobile.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Feb. 21, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-26-55

NAME OF CEMETERY OR CREMATORY [illegible] St. Olivia

LOCATION (City, town, or county) (State) Pikesville, Md Randallstown

DATE REC'D BY LOCAL REG. 2-25-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Frank H. Yeatts - Pikesville, Md. ADDRESS

VS. A15A - 5 - 53

1k

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01411

1424

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Ridgeway Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St Margarets
STREET ADDRESS (If rural, give location): RFD ✓

3. NAME OF DECEASED: (First) William W. (Middle) (Last) Willett Sr.

4. DATE OF DEATH: (Month) Feb. (Day) 27, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	Widower	Mar. 6, 1862	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Woodall Ship Yds.	Accomac, Va.	US

13. FATHER'S NAME: Joshua Willett

14. MOTHER'S MAIDEN NAME: Emma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS
none	none	William W. Willett Jr. St Margarets, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Enterocolitis Acute	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pyelitis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Thos J Abbott (DEGREE OR TITLE) M.D. ADDRESS: 4509 Liberty Heights Ave Balto 7 Md DATE SIGNED: 2-28-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-2-55	Cedar Hill	A.A.Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/1/55	[illegible]	Howard H. Hubbard, 4107 Wilkens Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01412

1425

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1324 Kent Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
STREET ADDRESS (If rural, give location) 1324 Kent Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) L. (Last) Willis

4. DATE OF DEATH (Month) Feb (Day) 12 (Year) 1955

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 29, 1878

9. AGE last birthday 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William B. Dolaney

14. MOTHER'S MAIDEN NAME Anna M. Pease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mr. Clarence T. Willis - 1324 Kent Ave (?)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) cerebral vascular accident (probable hemorrhage)	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertensive arterio sclerotic cardio-vascular disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1955, to Feb 12, 1955, that I last saw the deceased alive on Feb. 11, 1955, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George A. Kuyper MD 4116 Edmondson Ave. Feb 12 1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 15, 1955

NAME OF CEMETERY OR CREMATORY Western

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS John T. Stansbury - 2700 Edmondson Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01413

1426 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY altimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEDENT:
STATE Marylan COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) H. (Last) WILSON

4. DATE OF DEATH: (Month) FEB. (Day) 25 (Year) 1955

5. SEX:

6. COLOR OR RACE: nite

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1-23-1877

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Wilson

14. MOTHER'S MAIDEN NAME: Elizabeth Wils

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unkn

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Inknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Terminal Uremia	1 [illegible]
ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertensive cardiorenal disease	Y[illegible]
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Seni[illegible]

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17- 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 5 50 A.M, from the causes and on the date stated above.

SIGNATURE Benjamin Blackman M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF FEB. 26 55

NAME OF CEMETERY OR CREMATORY WILDWOOD CEM.

LOCATION (City, town, or county) WILLIAMSPORT (State) PA.

DATE REC'D BY LOCAL REGISTRAR 2/26/55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Harry H. Leitzke ADDRESS 4101 EDMONDSON AVE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01414

1427 **CERTIFICATE OF DEATH** Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore,
STREET ADDRESS (If rural give location) 4642 Rokeby Road
4642 Rokeby Road

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) E. (Last) WINTERS

4. DATE OF DEATH: (Month) (Day) (Year) February 1, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: December 31, 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Estimator

10B. KIND OF BUSINESS OR INDUSTRY: Flooring Company

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward C. Winters

14. MOTHER'S MAIDEN NAME: Mary T. MN: Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 213-09-1134

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA, RIGHT LUNG, METASTASES TO

ANTECEDENT CAUSE (S) XXXXX THORACIC SPINE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Jan. 28, 1955, to Feb. 1, 1955, [redacted] and that death occurred at 3:50AM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service M. D. VAH, FORT HOWARD, MARYLAND 2-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 2/4/55

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery

LOCATION (City, town, or county) (State): Pikesville Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-3-55

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Martin Fahey & Sons, Funeral Home 401 Suffolk Road, Baltimore 18, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

01415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1428

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard; LENGTH OF STAY (in this place) 45 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 1120 Linden Avenue

3. NAME OF DECEASED. (Type or Print) (First) THOMAS (Middle) R. (Last) WOODRUFF

4. DATE OF DEATH: (Month) (Day) (Year) February 4, 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 2, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mocksville, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Woodruff

14. MOTHER'S MAIDEN NAME: Clementine MN: Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 217 03 6753

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

ANTECEDENT CAUSE (B) DUE TO CEREBRAL ARTERIOSCLEROSIS — 11 YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

1025

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SYPHILITIC HEART DISEASE — 7 YEARS

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from Dec. 21, 1954 to Feb. 4, 1955, that I last saw the deceased and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE Harold S. Tidler — ADDRESS — DATE SIGNED

Harold S. Tidler, M. D. — M. D. VAH, Fort Howard, Maryland — 2-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF 2/6/1955 — NAME OF CEMETERY OR CREMATORY: A.M.E. Zion Cemetery — LOCATION (City, town, or county) (State): Salisbury, N. Carolina

DATE REC'D BY LOCAL REGISTRAR: FEB 6 1955 — LOCAL REGISTRAR'S SIGNATURE: [illegible] — NAME AND ADDRESS OF FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

SHIPPED TO: Kelsey Funeral Home 225 E. Fishen St. Salisbury, N. Carolina

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1429

01416
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 18 Film G177 2-16-55 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1yr. 9mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 214 Murdock Road

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Robert (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) February 7, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-26-[illegible]

9. AGE last birthday: about 72 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retail shoe

10b. KIND OF BUSINESS OR INDUSTRY: business

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph N. Young

14. MOTHER'S MAIDEN NAME: Selina Ambler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.: 216-05-7942 A

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

422.1

Immediate cause (a) Pulmonary thrombosis due to

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Degenerative heart disease due to Hypertension

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. M. Kieffer 1010 Leeds Ave M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/10/55

NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 2-8-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Tichenor & Sons

ADDRESS Balto 17 Md

VS. A15A - 5 - 53

1430

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01417

CERTIFICATE OF DEATH

Reg. Dist. No. 31

Item 11, File 177 2-28-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Woodlawn — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Md 3701-4
STREET ADDRESS (If rural, give location) 3706 W. Rogers Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Zeigler (Last)
4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 16, 1865
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of ~~working~~ life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Bien
14. MOTHER'S MAIDEN NAME: Margaret Ott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Record's Augsburg Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) (1) 420.0 Arterio-Sclerotic Heart Disease. — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) (2) Generalized Arterio-Sclerosis. — 4 yrs.

(c) (3) Gangrene both lower extremities — 6 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis. — 2 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 19 54, to Feb. 20, 19 55, that I last saw the deceased alive on Feb. 17, 19 55, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Earl L. Chambers — M.D. — 4108 Liberty Hts. Baltimore Md. — 2-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/22/55 — NAME OF CEMETERY OR CREMATORY: Trinity Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 2-24-55 — REGISTRAR'S SIGNATURE: A W Schmidt — 24. FUNERAL DIRECTOR: Paul A. Heemann — ADDRESS: 6067 Harford Rd